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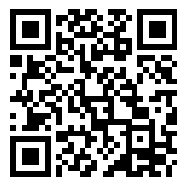
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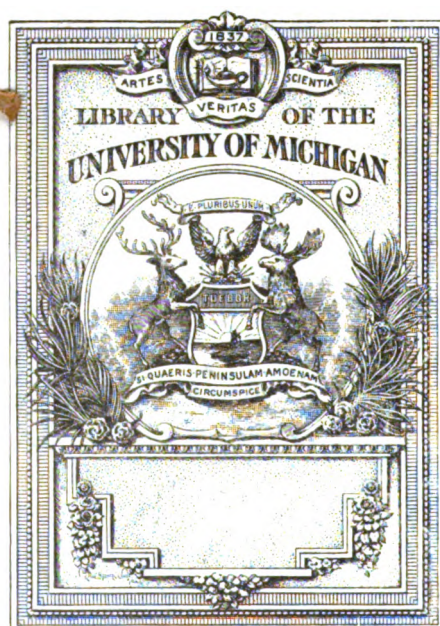
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THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL

OF



THE MEDICAL SCIENCES.

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VOL. XIII.

JANUARY 1, 1881.

No. 1.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

WAMEGO, Kan., Dec. 26.—Weather cold. Prevailing diseases pneumonia and throat troubles. J. D. PURDY.

BERLIN, Wis., Dec. 15.—Diphtheria still raging around here. Remedies used: Aconite, Bell., Apis mel., Phytolacca, Lachesis, Lyc. Have not lost a case. Allopaths lose seven-tenths of theirs. H. M. BABCOCK.

ALBERT LEA, Minn., Dec. 14.—Principal diseases here are quinsy, acute laryngitis, acute catarrhal affections. Principal remedies, Guaiacum powder from 1st to 3d for tonsillitis; for laryngitis, Nit. sanguinaria 3d, Merc. cyan. 3. For catarrh, Iodine, grains ii to the ounce of Sulph. ether. Inhale frequently with Aconite and China alternately; frequently internally. M. M. DODGE.

NEW ALBANY, Ind., Dec. 17.—There is considerable pneumonia. Colds are common. Some scarlet fever. All of these have in common aching in the bones and head, inflamed fauces, and more or less febrile disturbance. All of these pains are aggravated by motion, breathing, coughing, and the sore throat by talking and swallowing. Bryonia is specific and there is no need of going below the 30th. I had a case of puerperal peritonitis, fever, sticking pains, tenderness, etc., aggravated by moving, breathing, etc., Bryonia did not help. Found in addition to above, warm sweat without relief; Merc. cor. cc. In twelve hours well marked relief, after which no more fever, and in twenty-four hours was free from pain and other symptoms. So we must not follow the *genus epidemicus* blindly. A. McNEIL.

EXPERIENCE WITH PETROLEUM.

AN INTERESTING DISCUSSION BY THE CHICAGO ACADEMY.

The Chicago Academy of Homœopathic Physicians and Surgeons held their monthly meeting at the Tremont House on the evening of November 4th, Dr. S. P. Hedges in the chair. The secretary read the report of the preceding meeting, which was approved.

Dr. Mitchell delivered a fine paper on "Petroleum in Phthisis," which gave rise to the recital, from the various physicians present, of interesting experiences in the administration and use of the remedy.

Dr. Sanders inquired of Dr. Mitchell how the Petroleum that he used was prepared.

Dr. Mitchell replied that he used the second potency of Boericke & Tafel, that it was an alcoholic preparation. That in the second decimal dilution it was very strong and had the unmistakable odor of Kerosene.

Dr. Sanders said that, twelve years ago when practicing as a physician in Boston, his attention was called to the use

of Petroleum as a potent remedy for nervous headaches and sea-sickness. On going down Boston harbor he always took a quantity of Petroleum along which he gave for sea-sickness, and it would immediately relieve. Also stated an experience with a gentleman who, expecting to be on the water for some time, applied to him for a remedy against sea-sickness. The doctor gave him a bottle of Petroleum 6th decimal; when a storm came on, he took the Petroleum and had no sea-sickness; suggested that all the benefits to be derived from Petroleum had not yet been found, and perhaps by tapping mother earth still deeper there might, possibly, be discovered some hidden remedies that would do away with physicians forever.

Dr. Williams spoke in regard to Petroleum and the hydro-carbons. Said Petroleum was soluble to some extent, in alcohol, and soluble in Glycerine; that all the hydro-carbons were soluble in turpentine, but few in alcohol.

An inquiry was then made as to whether Petroleum was soluble in turpentine or held in suspension. To which Dr. Williams responded that it was soluble, and went on to say that last winter while making some sanitary investigations on the north side, he came in contact with the gas people, who directed his attention to what is called the "waste" or lighter oils. Anxious to find what these light oils might be, and desirous of a bottle in which to hold the same, he was directed to a neighboring saloon to obtain one. The men there said to him, "What do you want the oil for, have you got rheumatism?" I have heard of Kerosene being used for that. Everybody uses it on the north side, and they say that it relieves them every time. On his return to the gas works they confirmed what the men had stated, and said they gave away very frequently a bottle of that oil for rheumatism. Some cases of rheumatism that were considered incurable, had been cured by the application of this oil.

Dr. Duncan remarked that he had listened to the paper with a great deal of interest and profit, and felt that it had

opened up to him a good deal of new light; believed that the hydro-carbons in this class of phthisis deserved more attention than they usually received. If he could succeed in getting phthisical patients to take water and use oil, either in their food or locally, and increase the nutrition, consequently lowering the pulse, he felt that much had been accomplished. When we have a remedy that takes hold of cases as we have heard this evening, there seems to be new light thrown upon them beyond the action of the hydro-carbons, beyond their mechanical and physiological presence. The effect of Kerosene upon the skin is to produce redness, erythema and eruption, and it will cause great dryness. Therefore, on the Homœopathic principle it should cure similar conditions in the throat. Nervous cough and sea-sickness seem to be anæmic conditions to be relieved in some way, by increasing the nutrition of the parts. The value of Petroleum and all the hydro-carbons is worthy of investigation. Medicine should not be given simply by the gross or quantity, but to get at the characteristic effect of the remedy and its individual action. Dr. Duncan closed his remarks with the suggestion to the physicians to try Petroleum in the 30th attenuation.

Dr. Wells related an experience in regard to one of her patients who was afflicted with severe rheumatism in the hand. By the use of Homœopathic remedies she reduced the violent inflammation, but there remained pain, lameness and enlargement of the joints which the remedies did not control. A few days since she visited the patient who told her that she had used no remedies for a long time but had been drinking Kerosene, and bathing her hands in it every night. The doctor said she did not know how much credit to give to the story, but gave the occurrence as it was told to her. The oil used was head-light oil, of which a teaspoonful was taken three times a day.

Dr. Mitchell asked if there were no special symptoms from that quantity taken; to which the response was, no trouble of the stomach, on the contrary the patient seemed to be revived, refreshed, and strengthened by its use.

Dr. Buffum stated he had no experience with Petroleum in phthisis, but had used the remedy in one case quite recently, interesting as regards the action of the remedy. The patient was suffering with severe occipital headache, burning sensation in the occiput extending from the cervical region up, described by the patient as a "wave of fire." This headache was relieved by the administration of Petroleum 200th, Dunham's preparation. Another instance was that of a lady, suffering from an affection of the optic nerve, resulting from increased secretion in the meninges of the brain causing a pressure that extended out to the eyeball. There was also cerebral disturbance. The patient would lose consciousness and fall while walking along the street. After the administration of several remedies which seemed to cover the case, the doctor although never having heard of the use of Petroleum in neuritis, prescribed that remedy for the headache, which relieved the neuritis so effectually that she has since had entire relief, which she had not had for nearly a year. For the past ten days she has not had a particle of pain, or the least tendency to unconsciousness. There was another symptom, ringing in the ears preceding the attack. Also used the remedy in inflammation of the middle ear with excellent results.

Dr. Hedges testified to the value of Petroleum in indigestion and stomach disturbances. Said he had used it for that for some years. His attention had also been directed to it in certain forms of rheumatic trouble. Some patients stated they had gained relief by applying Kerosene to their rheumatic joints. Found very little upon the subject in the books. In some cases of rheumatism that were troublesome he had been led to try it, and had observed relief from the internal use of the second and third potency. Was very much interested in the investigation of the subject and considered the paper of great interest and merit.

Dr. Sanders spoke of the successful use of Petroleum in several cases. One of a lady in Wisconsin who suffered from violent and continuous frontal headache. By the administration of Petroleum 6th, these headaches were entirely

cured. Also related another instance of neuralgic headache cured by the same remedy; a case of aphonia was immediately relieved by the administration of this remedy.

Dr. Duncan remarked that the investigation of the uses and value of Petroleum as a remedy should receive more attention from the profession, and offered the following resolution:

Resolved, That the attention of the profession be respectfully called to Petroleum in its various uses, and that reports of its effects be transmitted to the Academy.

Dr. Mitchell suggested that a committee be appointed to collate experience in regard to Petroleum from now to the close of the meetings in summer, and publish a resume, with a request to the profession to contribute still further to it. He, therefore, amended the resolution to read as follows:

Resolved, That a committee of the Academy be appointed to collate evidence as regards the value of Petroleum in all affections, and report to the society at a later date.

Dr. Duncan was appointed a committee to carry out the resolution.

On motion the meeting adjourned.

[Dr. Duncan would be pleased to receive facts relating to the therapeutic value of Petroleum that may be in the possession of any member of the profession].

PETROLEUM IN PHTHISIS.

BY J. S. MITCHELL, M. D., PROFESSOR OF THEORY AND PRACTICE IN THE CHICAGO HOMOEOPATHIC COLLEGE.

Impressed with the apparent good results of the local application of Kerosene in some cases of phthisis where it had been used empirically, a practice which formerly I was accustomed to deride, I have more carefully, in the last few months, observed the effect of the internal administration of Petroleum. I am aware that the number of remedies that

have been lauded in the treatment of phthisis is legion. That which at one time was much exalted has been laid aside as practically useless. Still when we consider the fearful mortality from the disease and its wide spread prevalence "the despair of the physician and the terror of the public" we are justified in considering very carefully all claims to favor of remedies that have been suggested in this intractable affection.

It is probable, indeed we may assume the point as Homœopaths, that the great difficulty lies in affiliating the remedy to our cases.

That there are difficulties in doing this is apparent when we consider the number of remedies which are suggested, and the wide difference of opinion as to their relative value. Even the same remedy is, doubtless, very different as differently prepared and differently obtained. To illustrate: if we take the Pennsylvania Petroleum it has a specific gravity of from 8.15 to 8.25, while the Barbadoes Petroleum has a specific gravity of from 7.30 to 8.78. The difference between Chian turpentine and the ordinary turpentine is, at present, well known—the striking effects of the former in cancerous affections are marked, according to Prof. John Clay, Obstetric Surgeon, Queen's Hospital, Birmingham.

The Pennsylvania Petroleum contains no less than eight hydro-carbons. This fact alone ought to arrest our attention as indicating the value of the remedy in tuberculous troubles. I have no doubt that there are minute chemical differences in our remedies which are important, and not always appreciated. The efficacy of a remedy in the hands of one physician, while it is considered valueless by another, may be simply due to the fact that one used a superior preparation of the drug.

Since we are not aware, even at the present stage of the study of cell life, of the influences at work which determine the inherent attractive and selective power of the cell, it is just to believe that the indeterminate chemical powers of a drug may have an influence. We certainly cannot agree with Prof. R. T. Edes that a single alkaloid of one of the Solanaceæ

may combine all the virtues of some thirty remedies. Prefacing then, that those who critically test the clinical value of a drug, should, as far as possible, use a remedy of standard preparation. We will refer, briefly to some of the cases treated. Two cases where the drug was used empirically are worthy of note.

CASE I. This was a case of tuberculous phthisis with laryngeal complication which, no one will deny, furnishes an unpromising form of the disease. The patient had occasion to live, for some time, in an obscure town where medical attendance, of the best sort, could not be obtained. She resorted, therefore, to the use of Kerosene upon the throat and chest with a benefit fully as great, if not greater, than could be obtained by the most judicious Homœopathic treatment of which I am aware.

CASE II. This lady was placed under my charge through the charity of a prominent merchant; she had had hæmoptysis, and in fine, a well marked case of catarrhal phthisis for many months. Under the administration of Baptisia, Calcarea carb., and Kali carb., as they seemed successively indicated, there was very great amelioration in her general condition, and in the phthisical symptoms. It is true I left her much improved. During a six weeks absence from home on my summer vacation, she had no medical treatment. At the suggestion of some one of the numerous lay doctors Kerosene was applied locally. There was a more rapid subsidence of the symptoms than at any time, and there is now an improvement in her general condition, very marked. My prejudice against the external use of Kerosene had arisen from its frequent application in diphtheritis in which affection I have failed to see it accomplish any good results. I am also greatly in favor of keeping the throat uncovered, and frequently washed. Every one will remember to have heard cases spoken of where the external use of Kerosene, in phthisis, was beneficial. Having known, therefore, so strikingly of its value in the two cases cited I determined to try it internally more frequently. The first case in which I used it was one of catarrhal phthisis; the remedy seemed, at

once, to produce an aggravation. The most distressing feature in this case was a harassing cough, nocturnal, preventing sleep. Petroleum 2d decimal dilution, seemed to aggravate, and I discontinued its use.

CASE III. The next case was that of a Mrs. P——, aged about forty-eight, whose father and mother died of phthisis, her's also was of the catarrhal variety. There were sonorous and bubbling rales pretty generally over the chest, and diminished respiratory murmur on the right side; she had dyspnœa, poor appetite, cough, and muco-purulent expectoration. Petroleum 2, reduced her pulse from 114 to 96 the first week of its use; subsequently it held the improvement as far as the pulse was concerned. The cough and expectoration have slightly diminished, but not in a marked degree.

CASE IV. The next case is that of H. J——, a cigar maker who has furnished me with excellent clinical opportunities for the past three winters. Four years ago, he had cavernous rales most marked in the infra-clavicular region on the left side, and a well pronounced case of fibrous and catarrhal phthisis mixed. Notwithstanding this, he has steadily continued at his work having been kept in *statu quo* by the treatment, and reasonably comfortable. Remedies have been given him as they were indicated; the last three weeks he has taken Petroleum 2d. This fall his condition was rapidly growing worse, and I feared he could hold out little longer. Dyspnœa was very great, and his usually pale, haggard appearance became one of great distress. His pulse rose to 130, and he began to find difficulty in keeping at his work. After taking the Petroleum his pulse dropped from 120 to 90, and I may say here, that one can feel they have made a gain in phthisis when they have diminished the pulse. Just so long as you can keep a pulse which has been running 120 down to 90 by just that proportion you lengthen the patient's days. The effect on the cough and expectoration was not particularly marked.

CASE V. Next case, that of T. H——, woman of about twenty-five; sharp pains and soreness upon both sides, rather more upon the right. Auscultation showed diminished

respiration upon both sides, the diminution being the greater in the infra-clavicular region; the pulse was running 132.

The Petroleum diminished the pain very decidedly. All the cases thus far mentioned demonstrated general improvement during the administration of the remedy. Even in the one in which I stated there was an aggravation of the cough, there was diminution in the pulse, and an improvement in the general strength while the patient was taking the remedy. Judging from the symptomology of Petroleum it will be useful in those forms of phthisis where the disease is of the irritative variety. The catarrh of Petroleum is not generally attended with much expectoration, there may be frothy yellow sputa and the rattling which does not give rise to much expectoration, there is a disposition to ulceration both of nostrils and of the mouth. In cases where there is great hoarseness showing involvement of the larynx it is likely to be specially beneficial, and when there are pressing digging pains in the chest. My own view is that we shall find it of greatest value in the tubercular phthisis. If we look at the head symptoms of Petroleum, we find that it has very marked incapacity to mental application, and an easy exhaustion after mental labor. It also has the physical weakness which accompanies this form of phthisis. The cough of Petroleum is usually dry and hacking, which corresponds to the variety we have in this affection, and laryngeal complication is most common in this variety. The ability of Petroleum to lower the pulse would also mark it as valuable in this form of phthisis which is characterized by high temperature and rapid pulse. Petroleum has full violent pulse in its symptomology. In catarrhal phthisis it is less likely to be of value. It may prove of service in fibrous, but for the reasons which I have stated I should regard it as most valuable in the tuberculous variety.

Dr. M. Milton, of Bradford, Penn., several months ago called the attention of the profession to the great efficacy of crude Petroleum in phthisis and bronchitis. He takes the substance found encrusted on the bottom of tanks which has the consistence of putty. This he has incorporated with some

vegetable substance to form pills of three to five grains each three to five days. He claims to have *cured* nineteen out of twenty-five cases of incipient tuberculosis? Bronchial and laryngeal troubles are relieved by the first dose. Cough and soreness of the lungs are relieved while night sweats are increased. Dr. M's experience has been confirmed he states by that of many medical friends outside the oil regions. Regards it of no value where vomicae have formed. Since very striking results have been reached with the crude drug I have thus used in practice the low dilutions, I expect to continue investigating into the nature of the remedy with higher dilutions, and report more in detail at some future day.

MOUNTAIN HEADACHE.

Will some of my high altitude brethren, (Colorado or elsewhere) name the remedy or remedies to be exhibited in a headache caused by altitude in connection with a dry atmosphere. The patient, so effected, finds beginning relief after passing the summit of the Rockies, and by the time she reaches Cheyenne is entirely free, and remains so until her return west of Cheyenne when, with the certainty of the presentations of the earth it returns. Also during wet weather in her mountain home she is exempt from it. Is it reflex or idiopathic?

Patient is married, mother of half dozen kids, light hair, blue eyes and well in every respect except the head trouble.

Will some disciple of Hahnemann name the remedy?

RAWLINS, W. T.

GEO. B. SARCHET.

Pruritus.—Dr. Auerbach, of Berlin, states that having, in common with so many other practitioners, found the Balsam of Peru a most valuable remedy in itch; he has for some time used it in the treatment of pruritus with the greatest success. After the first rubbing into the parts affected, great relief is obtained, and in a few days a cure results. He relates a very obstinate case which, after resisting all kinds of treatment for years, was speedily cured by the Balsam.—*Dub. Jour. of Med. Science*.

Children's Department.

LAWS OF TRANSMISSION; PATERNAL AND MATERNAL.

BY W. CULLISON, M. D., ST. LOUIS, MO.

Read before the Western Academy of Homœopathy.

Transmission is a transferring of something by motion. Transmission by sexual law is as deep as nature and as constant as motion. The masculine centrifugal law is the law of transfer, whether exercised by the masculine or feminine organism. The organization of the solar system is based upon a very simple law; it is a transferring of material from the body of its *suns* to its children—the planets—and from the planets to their moons, and also a direction of motion and a transfer of quality in the material. According to the nebular theory of creation, it is very evident that the planets and secondaries must take the direction of the primaries and be composed of similar material. The rings that have been thrown from the sun, or that have been thrown from the planet Jupiter, inherit in a partial sense, the forms of their primaries.

The planet is round and the rings inherit the circular form. This is the masculine or centrifugal law of transmission by form, from the primary to the secondary, as from parent to child. When the planetary ring is broken it loses its inherited circular form and rotary motion, and the motions become wave-like or vibratory, it being impossible for this broken ring to maintain the circular form. It is the sphere of the feminine law to condense and round this broken ring into a rotating planet again; so, likewise, the feminine law of form and motion, modify and change the condition of the sperm and pollen cells.

However they may be formed, it seems evident that sperm cells and pollen cells are the transmitted ancestral typical

forms of every species of life, where sex is developed. The child inherits the type of its cerebro-spinal form from the father. This gives to it form and capacity, and these are connected together as cause and effect. As is the form so will be the capacity, if the form is large the capacity also is large.

Our organs and faculties are adapted to their uses, because these uses have produced them. So again with the peculiar form of the type, if the bodily form and muscular energy of the father is great, then the ciliated part or spine of the sperm cell will be large and will have a strong vibratory motion, and if the mother has power enough the child will have a strong physical development. The form and size of the bulb or head of the sperm cell, gives general form and size to the head or encephalon of the embryo; if it be large and broad at the base, the head of the fœtus will be large and broad in the base of the brain. If it be large and broad in the middle, or in the intellectual region, the child's head will correspond.

The knowledge of the father may not be transmitted to the child, but the form and size of the brain will give to the child its father's general capacity for knowledge. The province of the healthy mother is to convey to the child the vital system, and upon her health and strength the physical force of her offspring depends. Should she be placed under conditions of weariness, anxiety and anguish of spirit, her powers may be reabsorbed and exhausted, that she will give birth to a weak, sad, spiritless child, when, under right conditions of gestation, she might have given birth to a happy, energetic being, whose organization would have greatly improved the ancestral type of its father.

The mother transmits to the child its soul and body, yes, and she is the developing power of its whole nervous system. The internal as well as external organs of the fœtus, are doubtless commenced by the natural laws of motion, assisted and perfected by the action of the whole nervous system of the mother. From every nerve centre of her organism, the mother constantly transmits the spiritual ele-

ments of her own system to the growing germ during the nine months of embryonic and fetal life.

Now it is essential to make a complete and perfect organism, that this power of the mother should be in good condition, having good conductors and right direction. Another point, all other things being equal, the longer the ovum, embryo, or fetus remains within the uterus, the higher and more perfect will be its organization. The fetus does not inherit the cerebro-spinal system from its mother; but for nine months it receives constant nerve force from the cerebro-spinal as well as from the organic nervous system of her organism. And as the strongest directive powers are from centre of gravity to centre of gravity, the mother exercises a strong influence over the fetus, from its position in the uterus.

The fetus being suspended from its own centre of gravity to that of the mother, every motion and action of the mother, whether conscious or unconscious, is by reaction a direction of force to the nervous system of the fetus, giving to it an increase of motion and power, provided always that these motions are not exhaustive to the mother. The mother gives power to the whole mental and physical system of the child, every thought, feeling and action being impressed upon the sensitive fetus.

The whole nervous system of the pregnant mother is wrought up to the highest pitch, by the tax that is made upon it from the fetus, so if her energies are drained by hard labor the child must suffer, no matter how strong the father may have been. The type or form and character of the sperm cells may be very superior, but the father cannot give soul, strength and temperament to the child. The mother's weakness will descend to the child, because the sperm cells depend upon her for their development. To grow into healthy childhood and robust youth, the infant must have nerve force and a good digestive system, which the mother alone can give.

A man may have large mental capacity and still be a very weak man, and a woman may give, possibly, all the strength

of her system to the energetic motions of sperm cells from a strong energetic father, and may thus develop and give birth to a strong energetic child, that should be pre-eminent like its father in character; but the child would have been much better balanced, as well as a more powerful man, with good strong maternal influence. The influence of a true woman is always good, whether over the fœtus, the child, or the man. Why? Because it serves to equilibriate the masculine character.

A full souled healthy woman, with good mental faculties and physical powers, may greatly improve the ancestral type of the father in her children; under right conditions *she is sure to do it*. Transmission by impression is only a method of producing motion in the nerves of the fœtus, through the maternal organism. Some mothers are more sensitive to such impressions than others.

It is often by fear that people take the cholera and die, and if grown people, strong men born are so affected by impression and shocks, is it any wonder that the tender fœtus, is often more strongly affected than the mother? That this power by transmission belongs to the mother, I know by observation in many cases. It is evident, too, that this power is a substantial element, capable of affecting the material body of the fœtus; and why not? It is the same emotional power that lifts the hand in fright, and that conveys impressions to the fœtus. So fear, desire, love, and hate, jealousy, anger and every human passion that exist in the heart of the mother, make their mark upon the lineaments of the child, producing either symmetry and beauty or deformity. Any strong, lasting desire in the mind of the mother will be most surely stamped upon the mentality of the fœtus. So with an earnest persistent desire of the mother during pregnancy, for superior gifts or talents, in any particular direction for herself, or for her child, will be strongly impressed upon that child, and perhaps never so strongly as during pregnancy with a male fœtus; because desire and aspiration are emphatically masculine qualities.

When this law of impression by desire shall be rightly

understood by the mother, and she takes high and noble aims, it will work wonders in the regeneration of humanity, and it becomes us, as teachers and followers of the immortal Hahnemann to direct both fathers and mothers to the importance of these things; if they wish to have healthy children. We should give proper direction and use the therapeutic means at our command. The will only is needed, and we may become benefactors of our race, for by impression we see the mother transmits not only her own emotions, character and experience, but also of those around her, so that the daily life, conditions and feelings of the mother for nine months, become a part of the organic nature of the child; because they really are embodied in its physical and mental natures.

If a mother could only know her power over the fœtus, and how to use it, how much misery might be avoided. She might ward off ugly impressions, and transmit that to her child, which is good, pure and true. And how much more careful the fathers ought to be, not to throw hurtful impressions around the mother. If he could be made to realize its influence, for good or ill, for happiness or misery upon the spirits of the mother, and through her upon the character and well being of the child.

No matter how bad men are themselves, they wish to have good, healthy and noble children, but to secure this end they must aid in bringing about the right conditions.

HOMŒOPATHIC SUCCESS WITH SCARLET FEVER.

The following will interest our readers:

BRIGHTON, Dec. 9, 1880.

DEAR DR. DUNCAN: I have just read your paragraph about pædology at our forthcoming convention. I am afraid that we cannot set apart any special time for it. A paper from yourself, however, on any aspect or branch of the sub-

ject will be welcome as a contribution to the section "Practice of Medicine," and it will be quite open to those specially interested in the subject to organize a meeting for its discussion one forenoon, this part of the day being left free expressly for such purposes. I hope you are coming over.

Yours very truly,

RICHARD HUGHES.

On behalf of American pædologists we accept this offer, and believe that we cannot do a better thing for the cause we all love so well than to present an article on "Homœopathic Success with Scarlet Fever," or "Success with Scarlet Fever Treated Homœopathically," as they would prefer "ayont the sea." Let us have a full report from the whole Homœopathic profession, so that we can tabulate a statistical report, *e. g.*;

NO. CASES.	CHARACTER.		RESULTS.		
	Severe.	Mild.	Cured.	Deaths.	Sequelæ.
100 Cases in 15 years practice	40	60	99	1	1 in 3
10 Cases in 5 years	6	4	10	0	0

British and foreign physicians (or any others) can send their reports to W. V. Drury, M. D., Bournemouth, Eng.

These reports should be sent in at once so that the article may be forwarded by March 1st.

T. C. DUNCAN.

A CHILD POISONED BY ATROPINE.

BY Q. O. SUTHERLAND, M. D., JANESVILLE, WIS.

Charlie H., aged four years, got hold of a bottle containing a four grain solution of Atropine at about 9 A. M.; the cork was out and about two teaspoonfuls of the solution gone. The family did not know the nature of the medicine, and no one was sure at the time that he had taken any of it. About fifteen minutes afterward he was noticed to stagger, and in thirty minutes fell down and had slight convulsive movements of the extremities.

I saw him at 10 A. M.; his pupils were very much dilated,

the heart was beating with fearful rapidity; the tongue curled to the roof of the mouth; the lips, mouth and throat perfectly dry. He was having convulsions about once in five minutes, and was perfectly unconscious. Learning that the mixture had been given to relieve the earache, the dilated pupils, dry mucous surfaces, and rapid heart action at once decided in my own mind the nature of the poison. An attempt had already been made to produce emesis by giving sweet milk and lard, but failed. I gave two teaspoonfuls of mustard in a little water. After waiting one minute I gave a cup of luke-warm water, and in one minute more a second cup. That failing to produce emesis, I tickled the fauces for a considerable time, but the impression of the poison upon the glosso-pharyngeal was so profound, that it failed to respond to its usual excitants. I then gave the physiological antagonist the Sulphate of Morphia in three-fourths of a grain dose, and took my leave to hasten to the drug store where the prescription was compounded, to be sure that my diagnosis was correct.

Upon my return in thirty minutes I found that the child had had four convulsions, the last one not quite as severe as the others, the heart's action was being controlled. I then ordered one-eighth of a grain of Morphia every two hours until the medicine had been given three times, and then discontinued all medicine and gave a placebo. The convulsions now became less and less frequent and at 11 P. M. ceased.

At 12 P. M. after a severe vomiting spell in which the child threw up all the lard, milk, mustard, etc., he suddenly returned to consciousness and called for food. He was given a drink of milk after which he fell into a quiet sleep.

The next morning when I saw him at 9 A. M., he was about his play, looking pale to be sure, with pupils somewhat dilated but doing well. He had no more unpleasant symptoms. I have no doubt that my method of procedure is open to severe criticism, neither have I any doubt that the prompt use of large doses of Morphia saved my patient.

Surgical Department.

PERMANENT DRESSINGS.

(Extracted from Gilchrist's forthcoming work on "Minor Surgery." To be issued from the press of Duncan Brothers.)

In cases of fracture as well as some forms of morbid action, circumstances frequently demand that insecure, movable, or temporary apparatus be replaced by something more permanent in character, permanent in the sense that its use may be continued until the treatment of the case has terminated. These dressings are of two general characters, which may be described under splints, and the application of bandages, stiffened in various ways, which are designed to take the place of the former. The consideration of splints will be withheld for a subsequent chapter.

The use of bandages stiffened by various substances, has recently attracted much attention, but is far from being of modern origin. In some forms the principle was recognized by some of the ancient surgeons, Hippocrates and Galen having employed some preparations of glue, and Avicenna refers to similar procedures. COOPER, as late as 1830, was the first of the more modern surgeons to employ such dressings with any frequency, but it was not until within the last fifteen or twenty years that the practice became at all general.

The material used to stiffen the dressings, is either starch, plaster of Paris, silicate (liquid glass), various mucilages and glues, solutions of rubber and the like, but the choice at present seems to be limited to either starch or gypsum. Each of these articles has earnest advocates; MR. ERICHSEN being the most prominent champion for starch. While such authority is sufficient for many practitioners, I think, in this country at least—gypsum is more commonly used.

Whichever agent is used, the methods of application, as far as the preliminaries are concerned, is as follows: The

part to be bandaged is to be placed in the most easy and comfortable position, providing the position does not disarrange fragments, in the case of fracture—or in cases in which anchylosis is threatened or possible, the position is not one that would impair usefulness of the member.* The part should also be thoroughly cleansed, and care taken that nothing be left in contact with the integument that would irritate it. All inequalities in the limb are to be filled up with clean cotton batting, and the whole part enveloped in a thin, evenly-disposed layer of the same material. It is my practice to cut strips of binders-board, stiff pasteboard, or even tin—say an inch and a half in width, and long enough to extend the whole length of the member—which are laid on the cotton, about one to each aspect of the part—and temporarily held in position by a piece of tape or string. On applying the bandage these tapes or strings are to be cut and removed as they are reached.

To apply the *starch bandage*, we now proceed as follows: With an ordinary roller bandage, one that has been washed, or made of old muslin or sheeting to be preferred—bandage the limb carefully and smoothly, from the distal extremity as high as may be needed. Secure the end with a strip of adhesive plaster. Have the starch ready mixed, thin enough to “run” easily, and yet not too watery—and kept warm. With a varnish brush or a mop of muslin, paint the bandage already applied thoroughly, covering every part of it with the starch. Now apply another course of bandaging, in an opposite direction, *i. e.*, from above downwards, covering it with starch in the same manner. This process may be repeated until four, six, or eight thicknesses of bandaging are applied, as may be deemed necessary from a consideration of the accidents to which the part will be exposed, and the strength of the muscles. Two or three layers or thicknesses of bandage may be sufficient, when reinforced by the strips of tin or pasteboard.

To apply the *plaster of Paris* or *gypsum* bandage, we have a choice of three methods:

1. After preparing the part as above, mix plaster of

Paris and water, until a consistency equal to a thin batter is attained, which is to be kept in motion by stirring; the quantity mixed, however, should not be large, not more than a teacupful. Apply the bandage as before, and paint the mixture over it, precisely as in the case of the starch bandage. Two or three thicknesses will usually be sufficient. Hardening will usually be very speedy, and in course of half an hour the dressing will be sufficiently firm.

2. The second method is somewhat different, and while that most generally adapted is not in my opinion to be preferred to the first, as a rule. The material for the bandage should be of some coarse material, an open texture, as the coarser varieties of unbleached muslin, without sizing. The plaster is rubbed into the meshes of the bandage, dry; care being taken to have it well filled. Apply the bandage as usual, and as each layer or course is completed, wet it with a sponge or brush. Continue the bandaging in successive layers, until the desired thickness or strength has been attained, then cover in the whole with an ordinary roller.

3. The third method is occasionally very useful, and is the only form of the many-tailed bandage of SCULTERUS that is at all useful or practicable. It is made by cutting a number of short pieces of bandage of a suitable width, into lengths equal to one and one-third the circumference of the part. The plaster, mixed to a consistency of thin batter, is prepared in a tin basin. The strips are dipped into the mixture and immediately applied; each strip to overlap the preceding about one-half its width, and made to lie smoothly by pressing with the hand. As many thicknesses may be applied as is desirable and needed.

No matter what the agent may be that is employed to give solidity to the dressings, it will be necessary to keep the member immovable until the dressings have attained the requisite degree of solidity. This will require from ten to twelve hours in the case of starch, to from half an hour to an hour in the case of plaster. I am not partial to splints, for this purpose, as they may exercise injurious compression on the plastic material. Long narrow bags filled with sand

or bran are to be preferred; they may be simply laid in contact with the parts, one on each side, and will be found to perfectly control muscular motion.

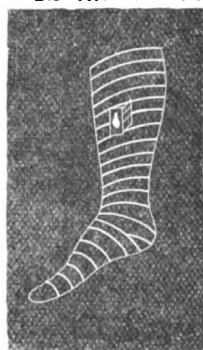


FIG. 69.

In the case of a wound or an ulcer, in the part to which the dressing is applied, as in the case of compound fracture, the bandage may be cut while soft, so as to make a trap (Fig. 69), which will readily permit an easy inspection of the parts, as well as an opportunity for the application of topical remedies. Furthermore, the annoyance and danger that would attend a retention of the discharges will be avoided.

Should the part swell to an extent to cause discomfort or endanger the life of the part; or should a previously existing swelling diminish to such an extent that the bandage ceases to fulfill its indications, it must be opened and the fault corrected. For this purpose the anterior surface of the dressing must be divided throughout its whole extent, down to the layer of cotton batting, by means of strong cutting pliers. The part may then be encircled by tapes, permitting the bandage to be loosened when too tight, or tightened by overlapping, when too loose. In place of tapes it is neater, and more efficacious to apply a roller over all.

It is a question of some interest, when to apply the bandage, in acute cases, before or after swelling, *i. e.*, primary or secondary. It is asserted that the pain caused by the swelling of a fractured limb after the application of a permanent dressing, is very great; that the swelling also necessitates an early derangement of the bandage, and nothing is practically gained by pursuing the practice. This is quite true, and the objections are valid. On the other hand, it is held that a secondary dressing, that is after the subsidence of swelling, exposes the sufferer to danger of displacement of the fragments it is true, but care and watchfulness will prevent this, and there is no danger of pain and strangulation of the part. After some considerable experience, and weigh-

ing well the arguments on both sides, I have finally made it a practice to apply the dressings primarily, and think the early opening on account of swelling is advantageous, as it permits a daily inspection of the part, and the preservation of the requisite support by varying the compression as the swelling augments or subsides. As will be seen elsewhere (*Accidents and Emergencies*), the extension method of BUCK is used for the first few days, in cases of fracture, followed by the application of the permanent dressing as soon as the more violent local symptoms have abated.

After a time varying from a week to a fortnight—depending somewhat upon the excellence of the apparatus, or the influences to which it has been subjected, the dressings will become more or less broken or pliable, and its usefulness correspondingly impaired. The question will then arise, whether to apply a new dressing, or reinforce the old one with some additional thicknesses. When the shape has been retained, and there are no sharp angles or corners to cause excoriation of the integument, the best practice is to apply one or two additional thicknesses of bandage, over the old dressing, with a few strips of tin or binders-board between them. If the layers are equal in number to the original dressing, the part will be too bulky.

Without accident, and as long as the course of the case is satisfactory, the bandage should be retained. In the case of fracture; from six to eight weeks is usually ample time, but the period must be determined solely with reference to the degree of consolidation in the broken bones. Under all circumstances, however whether the case be one of disease or accident, it is better to remove the dressing entirely once or twice a week, and carefully supporting the parts, bathe the integument, and attend to any excoriation that may exist.

This concludes what was intended to include a practical account of bandaging, both temporary and permanent. Very many methods have been intentionally omitted, as forming for the most part, simply exercises to familiarize the student with the roller and manipulations. In actual practice nothing will be required in addition to what has been given, but

should the occasion arise, a modification of the dressings laid down in these pages will be all that is needed. If the practitioner is unable to vary these methods to suit particular cases, he is certainly unfitted for the practice of surgery, and no amount of additional instruction would make him an expert. Among the omitted bandages will be noted the many-tailed SCULTETUS; the invaginated, for wounds; and one or two that are equally obsolete and useless. I think all surgeons of experience will be found to agree that such dressings are not only valueless, as compared to others, but are oftentimes hurtful.

SEPTIC POISONING (COCCO-BACTERIA SEPTICA).

BY DRs. TH. BILLROTH AND F. EHRLICH. TRANSLATED FROM THE GERMAN BY DR. JACOB DAL.

Read before the Illinois Homœopathic Medical Association.

[After casting about for some time, I happened to meet with an article by Drs. Billroth and Ehrlich upon a subject of great interest, and which scientific investigations are rapidly developing; it treats upon cocco-bacteria septica, and is written in German in the *Archiv fuer Klinische Chirurgie*, edited by Dr. B. von Langenbeck, Vol. XX., part II. Of course, in translating this article I have retained many of the German idioms and peculiarities of the language, since I cannot air my claims to being a good English scholar. I sincerely hope this article may meet your approbation as I feel that it is of more importance than anything I might have written originally.]

INVESTIGATIONS CONCERNING COCCO-BACTERIA SEPTICA.

About the occurrence and farther development and course of coccos vegetations in completely closed abscess.

After I have for more than a decade maintained the opinion and endeavored to confirm the same, by my clinical experience, that the wounded always infect themselves from their own wounds, either febrile or pyæmic as the case may be, and that therefore above all things, wounds must be carefully treated, especially protected from irritation and infection, it is to be hoped that from the following observations I shall not be accused of underestimating the dangerous elements which may act upon wounds externally. I have also in my book upon *cocco-bacteria*, shown clearly enough that just these little vegetations can carry within or affix to themselves, inflammatory or other varieties of infectious ferments, and because of their ubiquity and especially their rapid development in badly ventilated sick rooms, they become the most dangerous carriers of those ferments. Frisch (experimental studies about the spreading of decaying organisms in the tissues, etc., Dr. A. Frisch Erlangen F. Euke, 1874,) has proven, through his extensive investigations, that the taking (*hatten* see Adler) of inflammatory products by inoculation was induced solely through the vegetation of *coccos*, because the inoculation of inflammatory products and decaying fluids free from *coccos*, produced no effect upon the cornea. With regard to practical surgery these observations are quite sufficient to make it a duty to secure the utmost cleanliness in the bandages and sick wards, as for practical purposes it is of little importance whether the infectious material is inseparably adherent to these *algæ*, or be produced during their vegetation. Many interesting problems are yet to be solved in this direction in the interests of science. Frisch has shown that *coccus* can vegetate a certain time (forming a star-shaped figure) without causing inflammation. The *coccus* disappears or fall out, the slight defect being replaced in a remarkably short time, without being accompanied by keratitis, from this I draw the following conclusions among other things it follows: That it is not the chemical or vital act itself, which causes the inflammation or phlogistic zymoid. I arrived—basing my opinion upon the purely mor-

phological—at the view that all cocco-bacteria vegetations which to us appear alike, do really belong to the same species of plants, that the difference of their action would depend upon, whether they had previously vegetated in nutritive fluids which contained septic or phlogistic ferments, or in entirely innoxious or indifferent fluids, different generations of cocco-bacteria vegetations would according to this act at times entirely harmless, at other times very dangerously, provided their germs are developed in a tissue. As an illustration to this, I will mention the following experiment: “The eye of a rabbit will suppurate under all conditions, if a thread be drawn through the same and permitted to remain. In the pus cocco-bacteria vegetations will always be established.” Nobody will wish to maintain that it is not the thread but the cocoos vegetations which in this case are the causative element in the suppuration of this bulb. Inoculation with this pus upon the healthy cornea of a rabbit, causes by means of these coccus vegetations intense keratitis conjunctivitis, perhaps also panophthalmia, followed by phthisis bulbi, I conclude therefrom that every coccus vegetation found in decomposing pus assumes infectious properties, in other words that coccus vegetations first then become infectious when they themselves have been infected. An important support for this view would be if we could disinfect coccus vegetations, which have proven their infectious qualities, without thereby disturbing their vegetative power, and then could again render them infectious by carrying to them certain kinds of matter.

It is to be regretted that our methods of investigation have not yet advanced far enough, it can therefore not be denied for the present that we are entitled to assume different species according to their chemical action, which take place during the presence of vegetating cocco-bacteria in tissue fluids and secretions. It must also be admitted that on account of the small size of the object we are not able even with our best instruments to notice any morphological difference in them. If there are cocco-bacteria that are pathogenic and remain pathogenic, or if the different species

of cocco-bacteria under certain circumstances are more or less the same, and then in turn become indifferent (perhaps simulating the mucorin spores which at times become active ferments, while like spores of the same vegetation may develop into ordinary mould, but these latter spores may become at last a ferment), this it is at present impossible to decide. We can only declare ourselves in favor of one or the other theory, on the ground of possible probabilities and analogy. Or we must carry our observations into the fields of purely theoretical medicine or metaphysics, believing either the one or the other.

As doubtless as it appears to me from the investigations before me, that the taking of infectious material in wounds is mainly transmitted through these coccus vegetations from the outside. So serious it appears to me to admit without farther comment, that those tissue changes which occur (according to the vulgar ideas decomposition with formation of stinking products) during acute inflammation and decay, are only brought about by the vegetative action of coccus, or through a ferment which they alone can transmit. Even though we have through the terms "odorless," "smelling," "foul smelling," etc., secretions provided for our understanding, yet it must be plain to us that all these terms tell us nothing about the composition of these secretions, whether they be phlogistic, pyogenic, or other varieties of ferments or fermentation products. It has been sufficiently determined that the small quantities of strong smelling bodies as Sulphuretted hydrogen, Butyric acid, Ammonias, etc., which are found in the secretions though they certainly are not entirely harmless to the tissues and blood, they neither alone nor in combination possess the terribly poisonous action that appears to be fermentative, and at times is developed by these secretions.

It may be looked upon as pretty well established that the phlogistic and putrid ferment and poison, is itself an odorless body. Hence we draw the conclusion that because its development is often accompanied by the production of stinking bodies, that the former are there also where the

latter appear, without being able to exclude their existence where our sense of smell can detect nothing. As paradox as this may appear to the laity, it would be according to past experiences wholly unwarrantable to assert that it is possible to diagnose the presence of pathogenic and septic ferments by the sense of smell. If it were possible to smell the poisons of typhus, intermittent fevers and cholera, we should indeed get away from them, and that as fast as possible. The ferments in question are probably all odorless. If the products of their action smell, it is an entirely secondary phenomena according to a scientific view, and it depends upon numerous circumstances sometimes entirely irrelevant. Such as for instance the formation of the *Fleur de vin* which takes place entirely independent of the formation of alcohol and the process of fermentation.

When we designate the history of a wound as septic, we mean thereby that the secretions of the wound are odorless. Most wounds show no sign of inflammation during such a course, and there are found but few if any cocco-bacteria in the secretions, and the wounded have no fever, or at least it is very slight. And yet a wound may heal without the secretions smelling or inflammation, but with many cocco-bacteria in the secretions also with a high fever, it follows therefore that cocco-bacteria vegetations, smelling secretions and fever do not always occur at the same time, viz., that one is not directly dependent upon the other. The inflammatory and traumatic fevers arise according to my hypothesis through the resorption of degenerating or decaying products of the inflamed and injured tissues, and through their direct or indirect action upon the blood and nervous system.

If these decaying products smell or not, can prove nothing against or for my views. A long time ago I have already called attention to the fact, that if wounds be treated exposed, the secretions will mostly be without smell, in the vulgar acceptation, this is the aseptic method par excellence, that the same results are obtained according to Lister's method. Yes, that the same may be utilized in a much larger sphere, than at present, I regard as an established

fact. Notwithstanding this there is somewhere in the physio-pathological establishment of Lister's method of treating wounds, an error, which however cannot be looked upon as a reproof. It has happened not only to the old Alchemists, but to many of our most accurate modern observers, that during their investigations they have found something entirely different from that which they theoretically sought for.

The throwing together of botanical, chemical, and clinical investigations in such a manner that an accidental discovery shall at once explain or deny everything in all directions, has brought about a state of unpleasant restlessness and bitter animosity in the discussion of the observations themselves, to establish and understand the connection of which must be our constant aim, without thereby laying aside our sensible scientific resignation to live for the present with questions which we can but try to solve, to work, to teach, and treat our wounded. As upon other domains of science we can only conquer step by step the terrain of knowledge and nobody is therefore free from error.

I have in these preliminary remarks defined my position with reference to the bacteria, septic and Lister questions, which has not been altered by any of the late investigations although much of that which I formerly observed and communicated may be otherwise construed, and many of my hypotheses fall aside or may be modified. The following investigations contain probably more verifying than new material, yet they may show my continued interest in the most important question of the day. There are certain parts of these researches which imperatively demand clinical material, and to these I wish to add a few contributions, though they raise more new issues than they can solve. It has always appeared to me of paramount importance to know if cocco-bacteria vegetations occur in completely closed abscesses, if this be the case it appears to me proven (excluding the generatio æquivoca) that through the respiratory organs or the alimentary canal germs enter into the blood, that they there retain their vitality for a certain time

at least, and only require to be brought under circumstances favoring their development in order to vegetate. That this vegetation is feeble and not of long duration, is to be expected *a priori*.

Because plants as a rule only employ for their nourishment gas, which exists free or absorbed in the fluids, they not being able to decompose organic and inorganic compounds such as water, and furthermore plants as well as animals perish in their excretion products, it follows therefore that the cocco-bacteria vegetations cannot be expected to develop luxuriantly, if their excretion products cannot be removed. It is usually assumed that they chiefly consume oxygen, but this is by no means certain, perhaps they chiefly consume carbonic acid gas if they shall flourish luxuriantly; certain it is that they demand besides the nitrogenous compounds or carbonic hydrates certain other component parts of the air.

We will for convenience sake divide or separate those cases in which cocco-bacteria occur within closed abscesses into primary and secondary or metastatic abscesses.

(To be continued.)

Psychological Department.

MODERN MIRACLES.

BY N. A. PENNOYER, M. D., KENOSHA, WIS.

Read at the Western Academy of Homoeopathy at Minneapolis, June, 1880.

The subject we have chosen from which to classify a few remarks, is one that both religious and secular papers the past few years have frequently dilated upon by publishing reports of the effects of prayer and faith on disease; and we desire to discuss the questions and manifestations named from an entirely medical point of view, leaving alone any argument touching any person's religious belief.

Nothing new will be presented beyond the writings of the neurologists of the present day, our only attempt being to explain in a way, perhaps satisfactorily, the course from cause to effect of these so-called special dispensations of Providence.

Sickness and suffering have always been looked upon as evils; the effects of sin or the result of the breaking of some of the laws of life. But few can see any good in a disease, be it greater or less, the only notable exception being the prevailing opinion among the uninformed that boils carry off humors and prevent the occurrence of some greater evil. A sickness that attacks the head of a family, who is laboring hard to provide against a rainy day, may seem a hardship that may well excite our sympathy. But who can tell that a fever, a bilious or a rheumatic attack, may not be a safety valve for his overtaxed powers and furnish a time for rest, forced though it be? That such is the case, we may safely believe, for many persons are so ambitious and so interested in their lifework as to allow nothing to interrupt them in their course, except some malady overtakes them which compels their capitulation. In this connection it may not be unreasonable to suppose that the diseases incident to childhood, particularly in the present state of society with the tendency to stimulated and precocious development in brain growth, may act as in the former case in giving vent to the high tension under which they develop.

With these remarks we are led to consider a statement of Dr. Gorton's, that "disease is never an unmitigated evil; given the requisite conditions, it is, indeed, never an evil. It is always a sequence rational and legitimate in its institutions, and of course, wisely conservative in its results." (P. 26, *National Quarterly Review*, July, 1879. The Relation of Physical States to Mental Derangement). And to this we would add that disease or pain may be decidedly beneficial in its effects on the organism, and that unconsciously, many times unerringly, nature is working for high results in ways seemingly fraught with evil and destitute of good.

In looking over the reports of miraculous cures, the first fact noticed was that all the patients were women or girls, and next that the symptoms presented were markedly of the hysterical order. The manifestations of hysteria are legion, nor need the symptoms present be or remain always functional in their nature. The first departure from the health line is entirely functional, and a long continued derangement of function is apt to be followed by organic change. When such changes occur, the symptoms of the disease may be so severe, the history of the case so steadily downward in its tendency that the most practiced professional judgment may be in error as to the ultimate result. When we speak of hysteria, we mean not only the disease with symptoms commonly classed as such, but more especially the class whose symptoms may not be emotional, or in which the will-power has forced control over the emotions so perfect as to deceive many—even physicians—as to the real character of the difficulty. This latter class I have defined as *true* hysteria, temperamental, inborn; the other *spurious*, the result of peripheral irritation, bad education, depressing influences, etc. The distinction may not always easily be made, it being difficult to decide in which class a particular case should be placed; and the two conditions may merge into one another, but extreme cases are easily recognized. With true hysteria, as with the spurious form, we may have displacements of the uterus; with the first the cause being central or with the cerebro-spinal system; the other, the displacement being the cause (many times) of hysterical manifestations. In one of the most marked cases of true hysteria that came under the writer's observation, in which hysterical contractions and tremors obtained, a most variable position of the uterus was noticed. At one time complete retroversion, at another anteversion, or lateral version prevailed, all the changes depending on irregular muscular action, the result of loss of nervous balance.

The most common development of hysteria is irregular action of the vegetative functions, and particularly those of the stomach and bowels, the latter being the most frequently

affected. Constipation prevails, the result of torpor or inaction, but more often a state of tonicidity may obtain, in which there is excessive contraction of the circular muscular fibres, that almost does away with peristaltic action. Aperient agents increase the difficulty and this constant irritation and rasping of the bowel may cause inflammation of the mucous membranes, thickening of the coats of the intestines, and stricture may result—non-malignant in its character. The train of symptoms that follow an aggravated case of this kind, may almost pass our comprehension in severity; but these symptoms will all subside immediately upon either a spontaneous or operative dilatation of the constricted tract. It may be spontaneous from continued ulceration, until, like an abscess, it breaks and instantaneous relief follows.

The question naturally arises, what good can accrue from the distressing ailments that may grow out of hysteria? In considering this question, we must realize that the patients who develop the worst forms of this disease are those in which the functional activities of the brain and physical organs, act the least in unison, in which the brain largely monopolizes the forces that be. This loss of balance cannot long be sustained without drawing upon, or exhausting the physical functions, whereupon various disorders occur. These disorders are associated with discomfort or pain, and pain induces rest; rest not only of voluntary activities, but through suffering of mental activities and responsibilities. Persons with great will-power strive for a time to overcome their bad feelings by activity, the nervous sensations induced spurring them on, but sooner or later they succumb to exhaustion, loss of balance, weakened self-control. The brain for a time is incapacitated for mental effort, wholly or partially, and necessary rest ensues. Forces tend to equalize themselves in this way, and when one function reaches a point higher than the rest of the economy will stand, a break occurs, such as happens in our markets when an article is forced to an unreasonably high price. And, it is with our physical economy as with the economy of nations, that

while the hardest times are experienced, more capital is laid up—stored away—than when the greatest prosperity prevails.

As an illustration of the probable nature of sudden cures, the following solution is offered: If a person receive a concussion of the brain, sufficient to cause unconsciousness, it matters not so far as the immediate symptoms are concerned, whether it be caused by a fall of three feet, or one of thirty feet—the symptoms being the same—the difference in distance causing the subsequent factor of recovery or fatality, or speedy or slow relief from the effects of the injury. We will represent then the condition of health by a line, which for convenience we may designate as the surface of water. We are bits of humanity floating about on the sea of life like corks, partly under and partly above the surface, and in the main, seeing more of the brightness over us than of the impenetrable darkness below. Suddenly, as in the case of a blow on the head, we sink below the surface, forced down by a three pound weight, or it may be a thirty pound encumbrance. The effect is the same in either case; the bottom is reached and light is shut out. The tendency with corks as with diseased conditions is towards the surface, and the struggle begins. The action of the elements, the corroding influences of the water, may gradually diminish or lessen the weight until sufficiently lightened to allow the cork to reach the surface—the cork with the greater weight not yet relieved, remains below. It is not, however, forgotten. Nature continues her good work slowly but surely, although no change in condition or position is discernible. When the cork is about water-logged and nearly ready, through its enfeebled powers, to give up the struggle for liberty, a commotion may take place in the water, a new tide set in, and although the weight be not sufficiently reduced to allow it to float, still the upward current may be so strong, the velocity and force so powerful as to carry all to the surface; the transition may be sudden but effectual. If the weight be sufficiently lessened, the surface may be retained, or if the current or stimulus be constant the result will be the same.

Before taking an analogy, the conditions of disease and its probable benefits may be further considered. The writer's province has been to see quite a number of nervous invalids that might well be classed under the head of "wrecks." He has watched such patients gradually growing more nervous and emotional, their sufferings increasing, functional disorders, as insomnia, cephalalgia, dysmenorrhœa, ovarialgia, displacements, etc., steadily aggravated, and under a system he felt was right in principle and many times successful in practice, until time and again he would about despair of gaining his point. This system was touched upon in a paper a year ago,* and the solution of the so-called miraculous cures of the present day lies wholly, we believe, in rest. Patients who voluntarily go, or involuntarily drift, into a condition which incapacitates them for their duties, suffer many times immeasurably, but if they submit, Nature slowly but surely solves the difficulty and more often does her work when we see the least evidences of it. So convincing has been this observation that we have been led to say, when the patient is feeling the worst she is doing the best. It is not when a man is under the pleasurable excitement of alcoholic stimulants that forces are conserved, but in depression and suffering that follow, exhausted energies are restored.

And thus we see many patients suffering on and on, trying every conceivable method of treatment with no appreciable relief from their symptoms, until some excitement occurs sufficient to arouse them from the groove they have fallen into. The excitement may be a fright or similar agent that will quicken their energies, or it may be a religious excitement, a fervor so great as to overcome pain and develop the latent forces long hidden or reserved.

Pain mostly follows debility, depression, or a low state of the blood and is relieved by removing these conditions, or it may be temporarily dispelled by excitement. A toothache disappears on sight of the dentist or his forceps; a wound is not felt in the heat of battle, the mental excitement being sufficient to overcome what would otherwise cause

* Rest in Nervous Diseases.

intense suffering, and if the intensity of excitement could continue, no pain would be experienced. Now, grant that our nervous wreck of years has been quietly absorbing force by comparative quiet, change of scene or surroundings and good nursing; although there may be no change in her symptoms, she being still submerged under the surface of healthful activity, the load in time, under these influences, is sufficiently lightened, so that with the aid of some powerful stimulus at an opportune time, success is achieved.

In this connection it may with fairness be claimed that many of the quick cures made with medicines by our enthusiastic dilutionists, both high and low, may be, and doubtless are, made ready to our hands, and we should in justice to our brethren practicing in whatever school, consider carefully how much we credit ourselves for superior ability in bringing out a heretofore obstinate case; and no more cautiously should we plume ourselves with the fine feathers of consummate skill, than in the medical treatment of functional nervous diseases. We fail time and again (at least I do) in curing our patients with well selected remedies, when some months after, when other factors have been at work, we may achieve brilliant results. Many cases require time and patience and *rest*, the physician who treats them first will not cure them, the one who is last in the field wins the victory, be he in practice what you may.

If I have presumed to wade in such deep waters as the subject presents, I may be pardoned on the ground that the question of rest has, in the main, overshadowed me. The experience I have had with this unseen agent, the realization of its quiet, but imponderable force, that develops and strengthens not only the foundations of our physical systems, but strengthens as well the powers of the brain and mind, so that both the voluntary and involuntary functions may move in harmony, leads me to bear witness in this brief and imperfect manner, to the chief of Nature's therapeutics—rest.

The student of Nature must not be too quick to see special dispensations of Providence, with laws set aside for

special objects, but should try and solve the forces that be, and consider the depth and extent and harmony of their action. In these times it does not seem necessary to make exceptions to fixed laws, as such exceptions are not needed to substantiate the facts or further the cause of Christianity.

Another reason for taking up this subject, and one which is of more importance than aught beside, is the necessity for quieting the excitement that may grow up and overshadow the minds of the unfortunate class of invalids, who may, as a last hope, look for supernatural relief. What bed-ridden patients most need, is something to quiet the mind, a reason for their sufferings and an explanation of the way out. We have the solution in Nature's surest remedy—rest. What we have before us is the study of its mysterious ways, and a fuller knowledge of the means at our disposal.

A SECOND EGO HALLUCINATION.

EDITOR OF UNITED STATES MEDICAL INVESTIGATOR: Below we give our psychological students another case of a second ego, published in the *Wiener Med. Zeitung*, No. 30, 1875, by Dr. H. Obersteiner.

A. B., doctor of chemistry and pharmacist. His mother suffered during the last year of her life from melancholia. He was from childhood somewhat eccentric and once tried to kill himself with *Digitalis*. In 1864 he caught a severe cold, after which ulcers and furuncles appeared on the legs. He caught a fresh cold New Year's night 1866 after having imbibed a little too freely; the following morning he observed a veil before his eyes and diplopia, which soon passed off; a short time afterwards he had tearing pains in the legs, especially in the right leg, from two new exposures. These tearing pains became gradually very intense in the knee. Sensation gradually and imperceptibly decreased and slowly the usefulness of his lower extremities decreased, so that 1869 he could still walk with a cane, or supported by some

person (sclerosis posterior.) At the same time he complained of the well known sensation, as if the ground were too soft and yielding. A strabismus convergens developed itself on the right eye, greatly disturbing him by double vision when looking to the right. Four years passed without any increase of the symptoms.

Nov. 1873 his mother died. Soon after this paroxysms of mania set in, three in one day; injections of half a grain of Morphine caused singultus for five hours. The fits of exaltation alternated with fits of deep depression. January 1874 he entered the asylum. In the first days of February patient *fell into a somnolent state, which lasted nearly uninterruptedly for six months.* Still and motionless, as if in a deep sleep, with closed eyes he laid in his bed; the bladder was paralyzed and had to be emptied several times a day by pressure on the abdominal walls. He took no nourishment and as he could not swallow well whatever was introduced into his mouth, he had to be fed during the whole six months through the œsophageal tube. All muscles were relaxed, the arms fell when raised up. But it seemed that he could make use of his muscles when he was alone, for by entering quickly and without noise into the room, we could observe some of his motions. Once he raised himself suddenly up, slapped the face of his nurse and then slept quietly on. There were reflex motions when touching the eyelids, he also became frightened by sudden loud noise. In spite of the plentiful nourishment (cod-liver oil, eggs, etc.) he steadily emaciated and became weaker, dorsal decubitus set in and death was expected.

Therapeutically he took several remedies without the least benefit. Inhalations of Nitrite of Amyl only produced the well known physiological effects—redness of the face, acceleration of the pulse; after a while he daily received one or two pints of common table wine.

August 1874 a change took place. He began to eat, spoke a few words, but remained very touchy so that he would cry from the least cause. During September a similar somnolency came on and lasted for several weeks and then a decided

amelioration followed in October. He ate, asked by signs for a book and wished to smoke, but without speaking a word; he shook hands with his friends; smiled, enjoyed a joke and pointed on books and newspapers to interesting places; he also increased in flesh, but did not utter a word. January 1875 he began to speak a few words, responded well, but said, he could not give the reason why he did not speak nor eat. Gradually his mind cleared up and towards the end of February he was dismissed cured. The following is his own story:

“ Since that moment, when I found my mother dead, consciousness was never clear any more. I remember the funeral and I thought I heard a shot fired, I fell down and when I arose, again, people called me crazy. I recollect breaking the windows, because I was in hell and wanted air. Then I was brought to the asylum. I continually heard voices from above who told me what to do. They commanded me to keep quiet and not to move, they forbade me to eat anything except it was forced into my mouth. They admonished me to hold out courageously, every thing what I did was ordered by the voices, although I felt ashamed of myself. Once they ordered me to drink the fluid of an electric battery and when I did not do it and told them it was poison, they called me a coward. Simultaneously I saw nebulous pictures, till finally all these voices and pictures appeared to belong to me entirely, I enjoyed this kaleidoscope of pictures or the music of the voices, but gradually it seemed to me as if I heard them only from afar. I always felt hungry and was glad when the time of feeding came. When I began to read, the voices were not heard so often, but still I was not clear in my mind, whether I was allowed to speak or not. Smoking produced the greatest progress, only then the voices ceased entirely. Now I am entirely rid of them and my whole disease appears to me like a dream.”

Here we have a most convincing proof, that the most difficult actions may be exerted under the influence of *hallucinations*, that even a sleep, lasting for months, may arise from the same cause.

Blandford (Insanity p. 169) considers hallucinations of

hearing the most common and the most formidable. They are difficult to eradicate and while they exist they render him who hears them the most dangerous of patients. And when such a patient hears "voices" we augur unfavorably of the case. Many a patient's whole life is regulated by the command they receive from "the voices."

To us it is interesting, that lasting improvement set in from smoking. In the pathogenesis of Tabacum (Symptom Codex II 935) we find indistinct vision, scintillation, black spots before the eyes; mania, he sings the whole day; oppressive anxiety with sad and melancholy thoughts, after a walk; anguish, melancholy, restlessness, relieved by weeping, unanswerable dreams, frightful dreams, from which he wakes with consciousness.

Phosphoric acid is one of our best remedies for onanism (a frequent cause of tabes dorsalis) as well as from the bad effects of grief. Among its symptoms we find furuncles on the thighs; nervous irritation, melancholia, not disposed to talk, illusion of the senses; he sees figures in his sleep, etc.

Ignatia, another remedy for the evil consequences of grief, gives us similar symptoms: melancholy, taciturnity, irritability; frightful dreams etc.

Post hoc is not always propter hoc. If Obersteiner's patient would have taken drugs, Allopathically or in the dilutions and potencies of our schools the cure would have been ascribed to the wonderful agencies of the drug; but here we see a case, which ordinarily allows a bad prognosis, get well by patience and good nourishing treatment. Just such cases teach us the insignificance of all our knowledge, and not to be too boastful in our success.

S. L.

Tobacco Amblyopia.—The existence and frequency of tobacco amblyopia is well established. The sight in tobacco amblyopia is nearly always best in a rather dull light, the complaint being very much the same as in early uncomplicated nuclear cataract. The patients, when asked whether the sight is always bad alike, generally say that it is better the first thing in the morning and again towards evening, that it is better on dull days, and that in direct sun-light it is very bad. It is no doubt, as in nuclear cataract, related to the size of the pupils, sight being rather better when they are slightly dilated. It does not depend upon any periodical changes in the state of the nerve or retina.

—*St. Thomas Hospital Reports.*

Consultation Department.

CAUSE OF RHEUMATISM.

Do you infer from your professional experience that rheumatic troubles are caused by an acid in the blood? Is it your opinion that this acid is uric?

C. A. HARVEY, JR.

ANSWER TO CASES.

I think P. W. should try the steady, careful use of electricity for his chronic rheumatism. It has served me well where there was shrinkage of the muscles in such cases. I suggest for E. C. Ohmart, Ignatia not lower than the 12th; stop when improvement commences. I cured a case very similar to J. H. Ginley with Anacard 200.

W. M. H.

FOR P. W.'s CASE.

In December 1st number of *THE INVESTIGATOR*, I would suggest Prophylamin 8x, drop doses morning and evening. I have used it in every case of muscular contraction since 1864. You will find in December number of *THE INVESTIGATOR*, 1864, page 28, a paper by G. E. Hall, M. D., which I would advise all to read, and may it be as much benefit to others as it has to me. I could give numerous cases cured.

H. M. B.

CASE FOR COUNSEL.—PROLAPSUS ANI.

Male, aged thirty-seven; occupation, merchant; black hair and eyes, thin in flesh. Has been afflicted for the last ten years with prolapsus ani; rectum comes down during and after stool, also when lifting hard, or walking a distance of a mile; does not have a passage at any time, and has not had for a number of years without the prolapsus; bowels are regular, stools soft, and a movement every day. Has some bronchial irritation, an occasional hacking cough, some pains through shoulders, lungs all right, digestive organs good, and a fair appetite. The rectum is easily replaced by himself. Have treated him some four months without any material change; has never before had Homeopathic treatment. If this case can be cured, it will be a laurel for our side. Remedies used thus far: Pod. 3d to 30, Nux. 3 to 30, Ars. 2 (as a tonic), Ig. 3 to 6. If any medical gentleman can assist me, it will be greatly appreciated, and tenfold more by the patient.

G. W. POWELL.

CASE FOR COUNSEL.—SPINAL CONGESTION.

Miss M., aged twenty-two; has been an invalid for years, often confined to a recumbent position on account of an aching in the lower part of the spine, which prevents her sitting up except her chair is cushioned with a pillow. Has a healthy appearance for the most part. Two weeks ago an intense headache came on, with frequent vomiting; complained of the head feeling too large; dizzy as though she might faint; made her sick and dizzy to open her eyes or to think; pressing out at the forehead, and motion made it feel as though it would fly to pieces, or that she would lose it; noise and light were intolerable. I might mention here, that for the past six months she has been unable to bear noises, such as others might make about the house. She is now reported as improving slowly; can open her eyes, the left one being the last one to improve; complains that a soreness extends from that eye on a line just above the ear, backwards. Gave her *Cocculus* 2x, vomiting ceased; have given her *Lycopodium* 7x, with benefit. As I am an Allopath, trying to find my way out and cure my patient, will some one help with the remedy and potency.

R. M. WEIR.

CASE FOR COUNSEL.—PERITYPHLITIS.

Miss M. Z. R., aged twenty-three; fair complexion, brown hair and eyes, in good flesh, a large, well-developed young woman. Three years ago she had a severe attack of typhlitis, from which she has never fully recovered. There has been continuously more or less tenderness in cæcal region, with induration from inflammatory thickening and infiltration. Every spring and fall, since first attack, has had a more or less severe return of old symptoms: fever, pain, tenderness and swelling of abdomen—which would tardily yield to treatment, leaving her comparatively comfortable, but not quite well. This summer and fall she has been much better than before, and I hoped might escape the semi-annual attack; but about six weeks ago she came down as before, with moderate fever, severe pain, loss of appetite, abdomen moderately distended and very tender, could hardly bear the lightest touch, while hard pressure produced severe pain which would sometimes last for hours. At this time I could distinctly trace a hardened mass—not sharply defined however—which seemed to follow the great omentum, extending from near the centre of the lower margin of the ribs, on each side, to a point two or three inches below the umbilicus. There was also the old induration in the cæcal

region. Present condition : pulse 76, temperature normal, tongue clean, appetite indifferently good, complexion clear, eyes bright, pupils rather large, bowels somewhat constipated, urine clear, (though she sometimes complains of scalding when urinating), menstruation regular and normal, hands and feet cold and damp. Lies on her back in bed, with shoulders somewhat elevated, complains of constant dull ache in abdomen, sometimes a burning and stinging pain in epigastric region—these pains shift from place to place—says that it seems as if there was a big lump in pit of stomach which rubbed against another lump just below it in her back, causing severe pain as if sore. She cannot sit up because of pain and a sense of falling and dragging of whole contents of abdomen ; has same feeling when lying on either side. The whole surface of chest and abdomen is tender under pressure, while in the cœcal and epigastric region and over surface of liver it is very sore. The hardness and induration is not nearly so great as six weeks ago ; there is no derangement of sexual sphere. I have treated the case for three years with varying success ; sometimes it would seem as if a cure was almost assured, again it seemed as if she must die. For remedies I have gone from A. to Z, in potencies low, high, and medium. Now I confess that I find myself metaphorically “ up a tree,” near the top, too, and calling for help. Any suggestions will be thankfully received and faithfully carried out ; will report progress and result of treatment. Give me your diagnosis and prognosis.

L. G. GRISTE

Progress of the Medical Sciences.

Operations on the Mouth and Throat.—It is an excellent plan in operations on the mouth and throat to allow the patient's head to fall over the edge of the table. Although the tongue falls back towards the posterior walls of the pharynx, after its attachments to the jaw have been freely divided, the breathing will be found to be perfectly easy, much more so than when the head is raised. I have performed many operations in this way on the mouth and throat with complete success, and with great facility as regards the prevention of blood passing into the air-passages. My present method of keeping the

head in this position, is to have it hanging over the end of the table and supported there by the hands of an assistant.—*Lancet*.

Disinfectants.—As the result of a great number of experiments it seems clearly proved that deodorization and disinfection are quite different things. Mere deodorants do not by any means necessarily destroy morbid matter. As the chloride of lime has taken first place in these experiments I would observe that this agent would be more effective than it is commonly found to be if it were previously mixed with water, and then used when well shaken up, after the manner of other liquid disinfectants, instead of being rudely thrown about in the dry state, or mixed up with a little water in a saucer. In these experiments it was found that a solution containing 140 grains of Chloride of Lime to the gallon was strong enough to disinfect a fluid such as that used in the experiments detailed.

Impending Death from Uterine Hæmorrhage.—In threatened death from uterine hæmorrhage, heat applied to the head prevents anæmia of the brain and so may save the life of the patient. The same thing may be more rapidly and effectively done by means of Nitrite of Amyl. When attending a case of rather severe *post partum* hæmorrhage, and, happening to have some of the drug with me, I at once put my theory in practice by administering five minims by means of a Skinner's inhaler, and, I am happy to say, with immediate and most satisfactory results. The hæmorrhage ceased at once and permanently and the patient was restored from a state of collapse. Indeed, in this latter respect, its effect was only comparable to that of the hypodermic injection of Ether.—*British Med. Jour.*

Port Wine Marks.—The details of my new operations are simple. At the first operation, I divide the skin into small squares, by two series of parallel incisions, the one set crossed at right angles to the other, just as in my former method; but the incisions, instead of entering the skin perpendicularly, enter it slantingly. I may call the one series of parallel incisions longitudes, and the other cross series latitudes. At my first operation, the obliquity of the longitudinal incisions is directed eastwards, and that of the latitudinal one southwards. At the second operation, executed about a week afterwards, the lines of longitude and latitude are re-executed still in the same directions respectively, only that now the obliquity of the longitudinal incisions is directed westward, while that of the latitudinal ones is directed northward. In this way, the obliteration of a port-wine mark may be effected in a fortnight if the whole of the mark be operated on at once, although it may often be more convenient to treat the mark piecemeal.—*British Med. Journal.*

Mammary Epithelial Tumors.—It is now many years since Mr. Birkett called attention to the existence in the mamma of epithelial growths, which are distinguishable from scirrhus cancer of the organ, and pointed out clearly their salient features. The concurrent

testimony of the most experienced modern observers goes to confirm the doctrine that there are two distinct kinds of epithelial growths in the mamma. In one form, frequently recognized as scirrhus, the growth tends to diffuse itself rapidly through the connective tissue of the breast, and absorption by the lymphatics is the rule. In the other form, the epithelial growth is found in circular groups or clusters, surrounded by connective tissue, into which it has usually a comparatively slight tendency to penetrate; and around the circular cell-groups a distinct limiting membrana propria is often found—a fact to which German observers are prone to attach much importance. Dr. Thin, however, states that the membrana propria is not invariably present, and regards it as a new formation, frequently but not invariably found around the cell-masses. In scirrhus cancer the membrana propria seems never to be found.—*British Med. Jour.*

Ulcers.—In the out-patient rooms of our London hospitals there have been ample opportunities for testing the efficacy of Martin's rubber bandages, and I am sure sufficient experience has been obtained to warrant us in giving an opinion as to their utility. I have been surprised at the result. I must confess that there is some difficulty in keeping these patients under observation long enough to witness the ultimate success of the treatment—the perfect cicatrization of the ulcer. They see no object in losing time by waiting to see the surgeon in the out-patient room after they have lost all pain, can stand all day, and their ulcers are diminishing in size. Consequently as they learn to treat themselves they discontinue coming, and we are unable to say how soon the ulcer heals, and to what extent the patient has been benefitted should it not have healed. Now and then they return to show themselves, expressing the greatest gratitude for the relief they have obtained, and these are generally the worst and most chronic cases that we see in the out-patient room. They are simply astonished at the effect produced by such simple means after years of suffering and incapacity for work. Patients with ulcers of only short duration do not trouble themselves to return. To be cured at once of their troubles is nothing more than what they expect, at least this seems the most reasonable explanation of the fact that only the worst cases return to report progress. The treatment consists in applying a solid rubber bandage to the limb affected, before getting out of bed in the morning, without any application whatever intervening between the limb and the bandage. It is put on with only just sufficient degree of tightness to prevent its slipping down. It is kept on all day and only taken off at night on going to bed, when it is then washed in warm water, and hung up to dry. The ulcer is then covered with some simple dressing, which is kept in contact by a few turns of an ordinary roller. All greasy applications are best avoided, as they soon have a deleterious effect upon the rubber, unless very carefully removed in the morning before applying the bandage. All ulcers can be treated on this principle, but the varicose ulcer is the

one more especially benefited by this method. The syphilitic ulcer, of course, requires the special treatment of the disease, but after a time the syphilitic ulcer often becomes as much a local disease as any other ulcer; the cure can then be completed by Martin's bandages.—*Mr. H. H. Clutton, in St. Thomas Hospital Reports.* [While in Boston we called on Dr. Martin and carefully examined his bandages. He cautions surgeons against the use of poorly-made rubber as causing trouble. Pure rubber bandages only should be used.—ED.]

A New Anæsthetic.—Ethyl Bromide, or Hydrobromic Ether.—This agent, the latest claimant of public favor as an anæsthetic, was first introduced into professional notice by Dr. Turnbull, of Philadelphia, and seems to be gaining some reputation among the surgeons of that city. Dr. G. F. Gowers gives some short notes of fifteen cases operated on under its influence, and, judging from these, its general effects may be stated as follows: As a rule, moderate acceleration of pulse and respiration; slight excitement or talking, seldom any struggling; flushing of face; dilatation, sometimes preceded by contraction of pupil; diaphoresis, occasionally profuse; complete anæsthesia in two to three minutes; recovery of consciousness in one to two minutes after withdrawal of anæsthetic; no after vomiting. The quantity used in these fifteen cases varied from 3 to 11 drachms; in the latter case, the operation, amputation of thigh, lasted forty minutes. In no instance, as yet, have dangerous symptoms presented themselves. The advantages claimed for Ethyl bromide are: 1. Safety so far as any anæsthetic is safe. 2. Promptitude of action; in this respect it excels Ether. 3. Smallness of quantity required to produce anæsthesia; two drachms will, in one to three minutes, produce anæsthesia as profound as that produced by an ounce of Ether. 4. Slightness of action on respiration and circulation. 5. Rapidity with which consciousness returns when anæsthetic is withdrawn. 6. Absence of depression or inclination to vomit after its use. 7. Pleasantness of odor. 8. Non-inflammability. Dr. Gowers gives the following directions for its administration: "A small napkin should be folded and pinned to a folded towel that covers the patient's face; on the napkin two measured drachms of the Bromide should be poured, and the patient directed to take long, deep inspirations, or what is better, to make prolonged and forced expirations; in two minutes from the time of administration of the first two drachms, a second drachm should be given, and this should be repeated at intervals of two minutes."—*Glasgow Med. Jour.*

Intra-Uterine Tumors.—How are you to make sure of the presence of an intra-uterine tumour? First, you are not to attempt to make sure unless you have sufficient reason; for the process of making sure is itself attended with considerable danger—the danger of septicæmia from the injuries the process may cause; the danger of parametritis or perimetritis; which must always enter into our consideration. Let us suppose, however, that the case is serious enough to demand that

you proceed. You must get your finger into the inside of the woman's uterus to feel it. Examination by the probe is often spoken of, but it is utterly unsatisfactory; there is only one sort of probing that is conclusive for this kind of diagnosis, and that is with the living, educated finger; the other hand aiding by acting in the bimanual method. This is especially successful in cases where the cavity of the body of the uterus is dilated; then you may be able to insert your finger without further ado, without previous artificial dilatation; or you may, by the exercise of a little force, push the finger through the external and internal orifices; or, again, you may succeed by pressure, while the neck of the womb is held in a vulsella, to prevent its receding before your finger, or to pull it down on your finger. The best method of dilatation is by means of tangle tents. Sponge tents are often used; I prefer the tangle, meantime at least. You must have a tangle tent at least three inches long. A uterus which is much hypertrophied may require even a longer tent than one of three inches to open it thoroughly. Let us suppose that you have completed the dilatation; you have next to introduce your finger into the cavity so as to touch the fundus, and for this purpose you will probably require to hold or pull down the cervix with a vulsella, upon your finger, in the same way as you pull a glove on a finger. As to the treatment, I recommend you to trust in *avulsion*. Do not first separate the tumour and then take it off, but use *avulsion*, doing the two parts of the operation simultaneously. In the great majority of cases nothing else is required. You seize the little tumor with a vulsella, and with a slight amount of rotation pull it out; it is if a fibroid, enucleated by the violence. Of course, if it is a fibroid and already partially enucleated, it comes away with no difficulty; but even if it is covered by a thin capsule, by seizing it you can get it away without much trouble. If you should require any cutting, I recommend you to use a pair of curved scissors, though this is very seldom necessary in the case of a fibroid. In the case of a soft mucous tumor which is not a polypus the process of removal resolves itself, involuntarily on your part, into one of torsion and pulling away. You seize the tumor with a pair of uterine dressing forceps, and pull it off just as you would pull off a nasal polypus. In both sets of cases the process is essentially one of *avulsion*. In the case of adherent placental masses you peel off with your nail or with the tip of your finger.—*Med. Times and Gazette*. [For information as to the after treatment see Tumors in Ludlam's Diseases of Women.]

Remedies for Women.—*Cimicifuga* is especially suitable for nervous females; tall, dark complexioned, and subject to rheumatic and uterine troubles, resembling in this latter respect *Caulophyllum* and *Sepia*; and in neuralgias and rheumatism Bell. and *Rhus*, which are complementary. Its action on the male organism is more analagous to *Bry*. Like *Lach. Rhus.* and *Thuja* it affects especially the left side; like Bell. the upper dorsal spine; and like Bell. *Bry.* and *Rhus.* the lum-

bar muscles. Left sided prosopalgia like Coloc. Merc. bin., Mezer. and Spigelia. Tongue clean but pointed as in Rhus. Post-menstrual leucorrhœa. Rhus. or Sepia follow well.

Ambrosia artemesifolia (rag weed) may prove a valuable addition to the therapeutics of "hay fever." The pollen when brought in contact with the Schnederian membrane simulates the earlier symptoms of "hay fever."

Medical News.

J. W. Metcalf, M. D., has gone on a visit to South America. He promises to report his observations.

Illinois State Board of Health.—The annual meeting of the Illinois State Board of Health will be held at Springfield, January 12th, 1881.

JOHN H. RAUCH.

Dr. James B. Whitcomb, of Brooklyn, Conn., died Dec. 24th inst., in his seventy-sixth year, having practiced medicine fifty-three years. the last fifteen years a strong Homœopathist; served three years in the army as surgeon of the Eleventh Connecticut regiment.

O. L. JENKINS.

Died.—Mrs. Mary Hullinger, wife of H. C. Hullinger, M. D., of Brinton, W. T., died Dec. 9th, 1880, of cancer of the womb. She was operated on by that skillful and experienced surgeon, Dr. Y. M. Benedict, of Salt Lake City, April 3d last. The cauliflower excrescence of the cervix was amputated by electro-galvanic current. The womb healed nicely; higher up it assumed the malignant form, destroyed the entire womb, made a fistulous opening through the bladder into the vagina; all her urine escaped through the vagina. Her suffering can be better imagined than described from this cause; her stomach, œsophagus, mouth, tongue and buccal cavity, all became affected and ulcerated before death. Hypodermic injections of Morphia was all that offered any relief toward the last. Thanks to Dr. C. Carleton Smith for his kind advice.

H. C. HULLINGER.

Progress of Homœopathy.—Figures Wanted.—I have issued two little pamphlets, giving, in the fewest possible words, an epitome of Homœopathic achievements. Next April will be time for the third number, and I write to ask for figures. Any one who can summarize his experience, so as to make a comparison possible, will confer a great favor by doing so and dropping me a word. The following extracts will give an idea of the style of cooking: 63—Diphtheria, 1856, Washington, Dr. Pope, 100 cases, 3 deaths; "Under al. trmt. $\frac{1}{2}$ of all cases died." 67—Lowell, Mass., 1847, severe epidemic dysentery; al. lost 10 per ct.; Drs. Holt & Shackford treated 150 cases, losing 2. 73—Dr. Hamilton, 1860-62, Franklin Co., N. Y.; 2,000 cases diphtheria, lost 8 per ct.; best al. lost 25 per ct. during same time. 78—Chicago Home for Friendless, 2,000 inmates 1873; measles 26, scar. fev. 16; no deaths except hopeless when entered. These are from "statistics." There is a list of "conversions and appointments." The pamphlets have 16 pages, and cost $1\frac{1}{2}$ cents each. I distribute them among my patrons and others. Any assistance will be gratefully acknowledged by,

O. B. BIRD.

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No. 2.

Surgical Department.

*CATHETERISM: ITS DIFFICULTIES AND
DANGERS.*

(Extracted from Gilchrist's work on "Minor Surgery.")

Catheterism is the operation for evacuating urine from the bladder, in cases in which, from any cause, it is incapable of evacuating itself. The term is also applied for want of a better one—to operations for the injection of fluid or air, into some of the visceral cavities, through the medium of a hollow tube. Thus the eustachian tube, under some circumstances, requires dilatation, and a catheter made for the purpose is employed. In some conditions the bladder will require, or is thought to require washing out, either with medicated solutions or chemical agents, and a special form of catheter is used for the purpose. At this time, however, we have only to consider catheterism as applied to the bladder, that of the eustachian tube coming more properly under the consideration of special practitioners. Even as confined

to the bladder, the operation is one of some importance, and very frequently will be found of exceeding delicacy, requiring accurate anatomical knowledge, and very considerable manual skill and dexterity. So frequently is this the case, that the subject had better be reserved for consideration under major surgery, but inasmuch as the general practitioner will be frequently obliged to resort to it, it will receive attention at this time, and with somewhat greater minuteness than has been bestowed upon other topics in this volume.

We will first consider the instrument used in the operation. The catheter is a cylindrical instrument, varying in length from four to ten inches, as it is designed for women, young people, or adult men. In diameter, from the size of a quarter of an inch to a mere thread. In general form, they are curved at the tip, the curve according to MR. BRIGGS, of London, "corresponds to rather less than one-third of the circumference of a circle three inches and a quarter in diameter." The curve, however, varies somewhat; in young persons it is shorter; in the fleshy somewhat increased; in those who suffer from prostatic hypertrophy, the curve must be extreme and shorter, or much lengthened, the instrument almost straight. In differ-

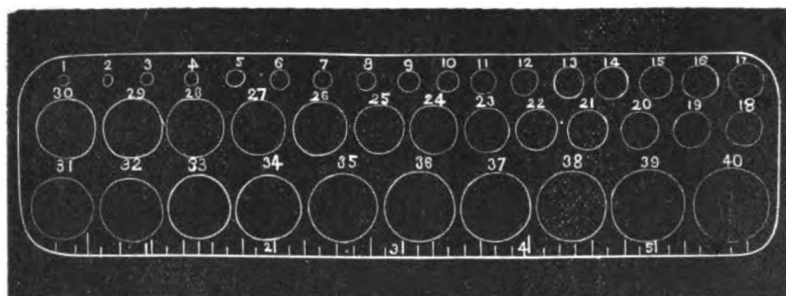


FIG. 81.

ent conditions, also, such as various forms of stricture of the urethra — the degree of the curve is varied, each case, almost, requiring especial consideration. Catheters are spoken of as of various sizes, according to the annexed

scale, from 1 up to 40 or more. For ordinary use, No. 18 or 20 is undoubtedly the most useful. The usual forms of catheter are as in the cut (82), the end entering the bladder being perforated with a fenestra on each side, and called the *beak*. The opposite extremity is called the handle, and has a ring attached to each side, both for the purpose of attaching tapes when it is desired to retain it in the bladder, and to indicate the direction the beak is moving in, when entered in tortuous canals.

The material from which catheters are made is not constant; some are made of metal; others of some soft yield-

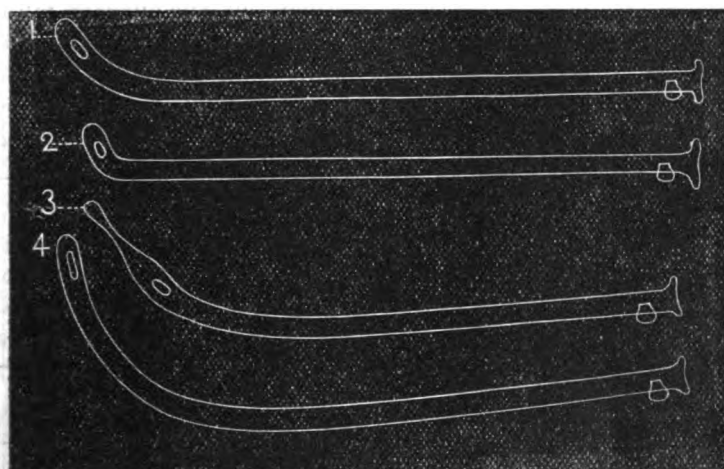


FIG. 82.

ing material, as gutta percha. When of metal German silver, silver, or baser metals electroplated (gilt or silver), are used. For the general practitioner, a convenient size and form is a No. 6 silver instrument, in three parts, fitting into each other by a screw-joint, so that little space is required in which to carry it, and instruments for both male and female are always at hand (Fig. 83). No. 1 in the figure, when attached to No. 3, forming the female instrument, and No. 2 the male. The joints must be perfect fitting, and when joined the rings in the handle should be quite accurately at right angles to the long axis of the cylinder.

Catheters of gutta percha are generally provided with a wire stylet, which serves to keep them stiff, if desired, when used, or alters the curve of the tip by partially withdrawing it. They are made like the metal instruments, of all sizes, always for use in the male, however, and olive-pointed, conical, or rounded as occasion or fancy may dictate.

There are many forms and kinds of catheters that different makers or surgeons have invented from time to time, but the surgeon who cannot introduce the ordinary instrument, of suitable size and varying curve, cannot do much better with any patent affair. We have jointed catheters, made of a number of segments strung on a wire, which I think should never be used. It is not seldom that the wire has broken, and some of the segments left in the bladder or urethra. So also there are a number of instruments provided with some kind of flange or spring attachment, designed to keep the catheter in the bladder when it is desired to retain it. *All* of them had better be left on the instrument-makers hands; they are all more or less hurtful or inefficacious.

For purposes of injection, or to wash out the bladder, the double catheter is very useful, and is indeed often indispensable.⁷ It can be

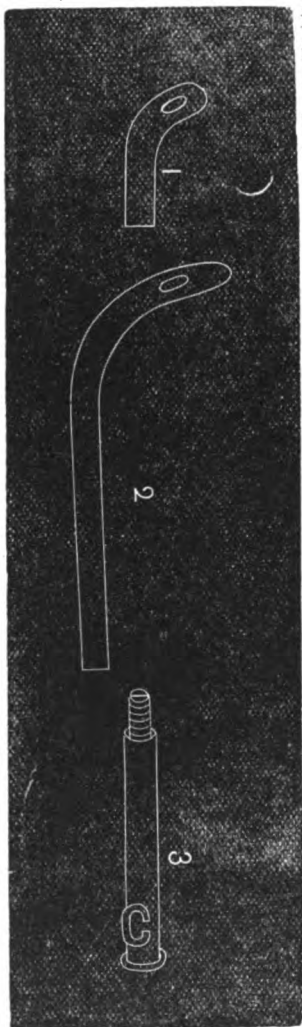


FIG. 83.

procured of any calibre above 5, I believe, and will be more generally useful if about No. 8. Other special forms that are required in exceptional cases, will be considered later, as

well as in the appropriate chapters in *Emergencies and Operations*.

Before giving the procedures for the introduction of the

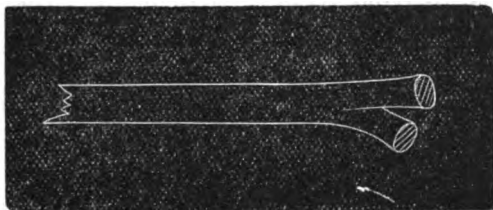


FIG. 84.

catheter, it is necessary to give some attention to the anatomy of the urethra, at least sufficient to lead to an intelligent comprehension of the difficulties that may be encountered, and to suggest measures to overcome them. The male urethra is simply a prolongation of the urinary bladder, (1) and is divided, from behind forwards into three portions which are important landmarks in urethral surgery. In its passage forwards the urethra passes through the deep perineal fascia. The first part is known as the *prostatic portion* (4) and is the widest and most dilatable portion of the canal. It passes through the prostate gland, and terminates at the point of exit through the perineal fascia. It is perforated by numerous small orifices, the ducts of the glands, and the centre of the floor is marked by a ridge (2), an elevation of the mucous lining, called the *veru montanum*, (or *caput galinaginis*), which is prolonged into the membranous portion. In the middle of the floor there is a depression, the *sinus peculiaris*, in which are found the orifices of

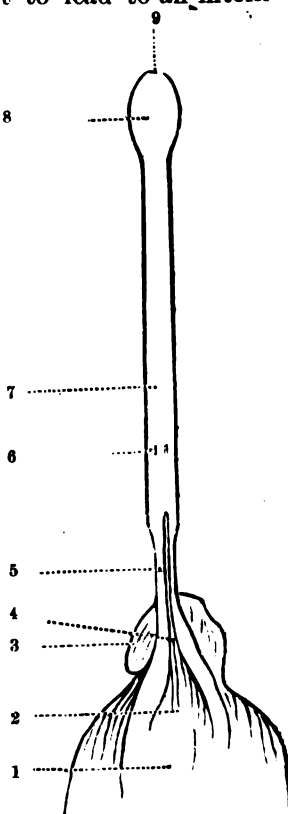


FIG. 85.

the ejaculatory ducts. It will be observed that all of these openings are on the floor of the canal, indicating that the beak of the catheter must rather incline to the upper surface of the canal to avoid them. Particularly is this true of the sinus.

The second portion of the urethra, (5) is known as the *membranous portion*, and is the most constricted of the three. The *veru montanum* extends into this, for its whole length, and when the penis is engorged, or in a state of erection, this is notably enlarged; the calibre, therefore, is correspondingly diminished under those circumstances. Immediately at its junction with the third part of the canal,

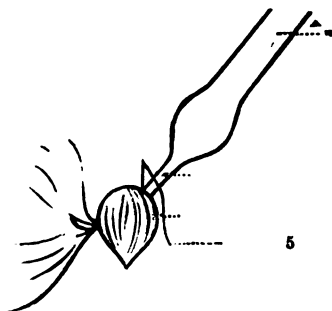


FIG. 86.

we find a remarkable enlargement, called the *bulb* (Fig. 86), which extends backwards, under the membranous portion for quite half or one-third of its length. This portion of the urethra derives surgical interest from the fact that it is the usual seat of stricture; is extremely sensitive, so that the catheter cannot be borne, at times; that the perineal fascia

often engages the beak of the catheter so that the prostatic orifice is not at once found. The fascia is indicated at 5, in Fig. 86. It occasionally happens, also, that the dilatation of the bulb is so great, that a *cul-de-sac* forms around the orifice of the membranous portion, and the difficulties of catheterization are greatly increased.

The last division of the urethra, known as the *spongy portion* (7, Fig. 85), extends from the membranous portion to the *meatus* (9), and is the least distensible of the three. The points of interest are, first the orifices of the ducts of *Cowper's gland* (6), at the bulbous portion; and second, the considerable dilatation at the anterior extremity (8) known as the *fossa navicularis*, which presents a constriction at

the inlet and the outlet. This constriction, particularly with the employment of an olive-shaped catheter beak, might lead to a suspicion of stricture, unless the student is prepared for it by previous knowledge. As a matter of fact, stricture of the urethra usually occurs at one of these points, viz., the entrance to this fossa, or at one extremity of the membranous portion. The existence of such an impediment, however, cannot be told by the novice unless it is very tight. Morbid action will frequently cause such an enlargement of the bulbous portion, that the beak of the catheter is almost inevitably engaged in the fossa at its termination, and a stricture suspected when none exists.

Imperfect and cursory as this description is, it is all that will be needed to point out the difficulties experienced in introducing instruments into the bladder, and must be borne in mind when attempting such operations. The particular points of interest, from before backwards may be arranged in the following order: the cul-de-sac, at the base of the bulb, greater on the floor of the canal; the perforation of the perineal fascia by the membranous portion; the orifice of nearly, if not all of the glands and ducts opening into the urethra found on the floor of the canal.

Introduction of the catheter may be performed sitting, standing, or lying, with decided preference for the latter. In the case of persons of adult age, an instrument is selected of calibre sufficient to fill the canal, it being safer, as far as entrance to the bladder is concerned, to use an instrument larger than is necessary, rather than one too small. By this means the folds or *rugæ* are smoothed, and the beak is less liable to become engaged in false passages, in the numerous fossa, or in the orifices of enlarged ducts. Impressing our minds fully with the fact that the utmost gentleness and tact are to be employed, and that address and scientific knowledge are to take the place of mere force, the operator is in little danger of forcing his instrument through the mucous surfaces, and make false passages.

First warm and lubricate the catheter with oil or soap, and see that the margins of the fenestræ, or the joints, if there

be any—are smooth and rounded. Sitting facing the patient, on his left side—take the glans penis between the thumb and finger of the left hand, raising the organ vertically, or slightly drawn upwards on the abdomen; introduce the beak of the catheter into the meatus, holding the instrument with the concavity directed toward the abdomen, and by a gentle motion press it in, onwards towards the bladder. Upon reaching the bulbous portion, slightly depress the handle towards the thighs, and cause the beak to hug the upper surface of the canal. A slight sensation will be communicated, on the passage of this point, to the hand. When the perineal fascia has been reached, depress the handle still more, and if the beak does not pass into the prostatic portion readily, do not force it. Withdraw the instrument very slightly, and by further depression of the handle, and slight changes in the direction of the beak, the passage will soon be found, and the mere weight of the instrument will usually carry it the rest of the way into the bladder. When the prostatic portion has been reached, apply the forefinger to the open end of the catheter, to guard against the emission of the urine until ready with a vessel for its reception and bring the head of the instrument down between the thighs, which is a position it will assume without assistance from the surgeon.

When the bladder is empty, withdraw the catheter gently describing a curve with the hand over the left groin.

In the female the operation is simpler, in one sense, inasmuch as the urethra is short, and is not so complicated in structure. Having found the meatus, and entered the catheter there is no further difficulty, the slightest pressure carrying the instrument into the bladder. The great difficulty is to find the meatus; this is at all times somewhat puzzling to the novice, but when retention of urine after parturition calls for catheterization, the swelling of the parts increases the perplexities ten-fold.

In this operation the patient always assumes the recumbent posture, and is to be covered with a sheet, or the bed-clothing, so that no exposure of the person, even of the

lower extremities is made. She should lie on the back, close to the right side of the bed, if possible, the knees separated and drawn up. The tip of the forefinger of the left hand, is to be introduced between the labia, and placed at the upper edge of the vaginal outlet. The catheter, well oiled and warmed—is then introduced by sliding the beak along the upper surface of the forefinger of the left hand, the point directed upwards, and will usually slip readily into the meatus. If this fails, the left hand is passed over the right thigh, and the forefinger, nail downwards—rests on the vestibule, immediately beneath the glans of the clitoris, which is slightly pressed upwards. The catheter is then introduced, using the nail of the left forefinger as a guide—and will rarely fail to enter the meatus. When the bladder is reached, the outlet of the catheter must be closed with the finger until a vessel is ready for the reception of the urine. The operator must keep a firm hold on the catheter, as there is a tendency, in many cases, to have it retracted into the bladder.

There are unquestionably cases, in which the extremeswelling and tumefaction of the parts, or the existence of some morbid action or anomaly, in which it is impossible to find the meatus in either manner indicated above. After patient and repeated effort, if this cannot be accomplished, the parts must be uncovered, and the operation completed by the aid of vision. This must, however, be seldom necessary, and should never be insisted on except upon conviction of its positive necessity.

It is sometimes necessary, only in the case of men—to keep a catheter in the bladder, more particularly when it has been introduced with some difficulty, and it is deemed inexpedient to renew the irritation always produced by such manipulations frequently. There are very many methods for securing the instrument, all more or less useful in appropriate cases, but either of the following will usually answer every purpose.

[For the continuation of this subject, see page 190 “ Minor Surgery,” now in press.]

SEPTIC POISONING (COCCO-BACTERIA SEPTICA).

BY DRS. TH. BILLROTH AND F. EHRLICH. TRANSLATED FROM
THE GERMAN BY DR. JACOB DAL.

(Continued from page 40.)

I. CASES OF COCCO-BACTERIA VEGETATION IN PRIMARY SUBCUTANEOUS INFLAMMATORY ABSCESES.

In my former work (Cocco-bact., p. 89), I cited two such cases, micro-coccos chains in a suppurating blood extravasation, on the lower third of the thigh and in an abscess which had formed about an anchylosed elbow joint in which forced action had been employed to render it movable. I can add to these two more very similar cases with, however, widely differing results.

Anna Schlosser, fifty-nine years, after she had scrubbed floors for several days, an acute præpatellar abscess formed on the left knee, and for this she was brought to the hospital. On the tenth day after the beginning of the inflammation, the abscess was punctured giving exit to odorless, viscid, slimy pus which contained moderate quantities of plainly marked though latent micro-coccos chains.

Barbara Dolcher, aged twenty-three, a strong well developed servant girl had on the 3rd of Dec. 1875, scrubbed the floor with much exertion. In the night from the 8th to the 9th of Dec., she became sick having a severe pain in the region of the left knee, was feverish, and unable to walk or attend to her work. In a very short time a præpatellar inflammation developed spreading rapidly upwards and downwards from the knee; on the 14th of Dec. patient was brought to the clinic; she already made the impression of being intensely septically infected; the inflammation spread rapidly to the foot and hip, no trace of any being observable; on the 15th of Dec. two incisions were made (*before* or rather below the patella, and on the outer side of the thigh) giving exit to clotted blood mixed with ichorus appearing but not very offensive pus, containing large quantities of latent chains of

micro-coccus. The phlegmonous dermatitis had on some of its sharply defined borders, a clearly marked redness indicating its erysipelatous character; immediately above the heel a blister had formed filled with bloody serum, which was full of latent strepto-coccus; patient died on Dec. 16th. At the autopsy the joints and bones of the left extremity were found to be healthy otherwise no evidence of local diseases was found. Death evidently was caused by septicæmia no further evidence of local diseases being found. From the autopsy report with the exception of the lower extremities, nothing pathological could be discerned. About the result of the microscopical investigation, of the liver and kidneys we shall report later.

All these cases have this in common that the inflammation occurred after mechanical injury, that therefore primary excitation of the inflammatory process through micrococcos vegetation could not be thought of, in all the cases there were found only latent strepto and micrococcos in the pus, sometimes more, sometimes less, in two cases the pus had an ichorus appearance was however odorless in the one case, and in two cases the pus was entirely odorless. The different abscesses required from six to fourteen days for their development, they were soon circumscribed, and in the last case (Dolcher) only, we have to deal with an acutely progressive case, and only this one was fatal. Ignoring the generatio æquivoca, it can only be assumed that coccos germs capable of vegetation were contained in the body, and that they developed in the seats of inflammation, caused by an injury, probably because the pathological condition especially favored their development at that point.

That the course of the disease was very mild in three of the cases mentioned, and exceptionally rapid in one of them, is certainly somewhat difficult to understand, the kind and degree of the injury, defective nursing and improper treatment at the beginning of the disease, causes or conditions which usually serve to explain the difference in the result cannot here be brought forward. We are therefore shown to the indefinable individual disposition to inflammations, if

we do not wish to accept the modern, but badly muddled theory of the different action of the different micro-organisms, according to which man must carry within himself all kinds of micro-organisms in his tissues or blood, and when just those vegetate which carry with them intensely inflammatory ferments these would cause in the seat of irritation a serious progressive inflammation, this again would compel us to assume, that it is not the vital vegetative act of the micro-organisms in question that produces the ferment, but that there are only certain morphological indiscernable organisms that do this or to which the ferment in question is inseparably attached. Hypotheses upon hypotheses. I must later refer repeatedly to this point.

II. CASES OF COCCO-BACTERIA VEGETATIONS, IN CLOSED SEATS OF INFLAMMATION IN WHICH THERE HAD EXISTED A CONTINUITY WITH OPEN WOUNDS.

Under this head several cases belong which I have already communicated of cocci, viz. in an abscess of the lymphatic glands of the neck after extirpation of a cancer of the lip etc. (See cocco-bact. p. 89.)

The last observation I made upon a boy, aged fourteen years, June 1874. Also the following case belongs here. A man aged twenty-three years, operated for strangulated hernia, three days after the operation left half of the scrotum began to swell; the swelling increased rapidly, fluctuated distinctly, completely isolated, cannot be emptied even with strong pressure, into the wound, punctured with a fine trocar, five days after the primary operation, gave exit to about two drams of a yellowish clear odorless serum and a few drops of pus. This fluid contained a few free medium sized cocci and strepto-cocci and was particularly infectious.

In all these cases the secretion was odorless, and there were always found only latent micro and strepto-cocci, that these organisms had gained entrance through the external wound and from there entered the lymphatic circulation, and through it into the cellular tissue and lymphatic glands, and that they carried with them infectious materials and so might

have aided the progress of the inflammation cannot be denied, even if we assume that an irritating lifeless ferment called forth the inflammation, and that the micro-organisms were accidentally developed just as in the primary seats of inflammation it seems equally plausible. The first hypothesis assumes a certain duration of the vegetative powers of these organisms in the living flowing lymph which is verified by analogous experiences under different circumstances and can therefore no longer be denied.

III. CASES OF COCCO-BACTERIA VEGETATION IN CLOSED METASTATIC ABSCESES OBSERVED ON THE LIVING DISEASED.

Former communications, odorless thick pure yellow pus from a metastatic abscess of the thyroid gland which contained similar afore-mentioned coccos elements, (latent micro and strepto-coccos in moderate quantities.)

New Observations.—Carl Pasch, aged twenty-three years, injured himself four weeks before his reception, (June 3rd., 1874) with a glass splinter in the middle finger of the right hand. Enormous inflammation, gangrene of the finger, phlegmon extending up to the shoulder already suppurating, the pus contained latent micro and strepto-coccos in large quantities. On the 12th of July a swelling on the right nates, on a spot of which the patient had complained several days before; on the 13th evident fluctuation, a large quantity of pus, very foul smelling, was drawn off that contained great quantities of free coccos and strepto-coccos; eight days later the pus which was poured out in small quantity, contained only traces of coccos.

Haar Jacob, aged fifty-two years, medium sized, hard calculus, urine acid, slight cystitis, lithotripsy first successful sitting on Jan. 22, 1876, no reaction; second sitting Jan. 24, 1876, on the day following sudden severe pain during an attempt at micturition, severe hæmaturia, that persisted for a long time in spite of cold injections and that weakened the patient very much (probably in consequence of a passing plugging up by a sharp fragment) swelling of the corpora cavernosa, œdema of the prepuce, rapid development of an

acute diphtheritic cystitis; on the following day the urine ammoniacal, containing many coccus elements, following this oedema of the scrotum, partial gangrene of the same. (Ammonemia, on the 3d of Feb. pain, then swelling of the right knee joint; on the morning of Feb. 7th the joint was filled plump with pus, which was extracted with the aspiratory needle on the morning of the 8th of February. Exitus letalis on the evening of the same day, the extracted pus was yellowish, thick, odorless, and contained great quantities of latent micro and strepto-coccus.

Joseph Kunz, aged six years, received to be operated on for erosion of the bladder and epispadias, through repeated operations the bladder was already closed and the upper part of the penis and the glans had become united, after the transposition of the prepuce upward, on the 23rd of June the middle portion of the well stretched prepuce became gangrenous, during the following days, urinous diphtheria, alkaline bloody urine. On the 26th of June, pain and swelling of the left knee joint, the joint was rendered tense by the accumulation of pus; on the 27th puncture by means of the aspirator, giving exit to an odorless serous fluid with a few flakes of pus, this contained great quantities of latent strepto-coccus coiled upon themselves. The fluid rapidly accumulated again, on the 5th of July by means of puncture, thick yellow odorless pus without micro-organisms was withdrawn but the pus cells have a peculiar strongly marked granular appearance. New accumulation, punctured again. July 10th, no trace of coccus, the pus cells degenerating. New accumulation, puncture with drainage, July 24th the pus entirely free from coccus and odorless, during the meantime the wound on the penis improved becoming clear and granulating freely, the urinary diphtheria has passed away, urine acid during the interval between the 26th of June to the 5th of July, drops of blood drawn from the finger were repeatedly examined but no clearly marked coccus, in fact, not even a trace was found. The patient recovered, the joint becoming freely and normally movable.

These investigations it appears to me, offer much of inter-

est. As in all of these four cases the metastatic disease could not well be traced to blood clot emboli from the primary inflammatory seat containing cocci, therefore it might seem questionable whether the vegetations in the metastatic abscesses are or were derived from those in the primary seat of inflammation.

We might assume that the cocci which are present in the individual affected with pyæmia (as also in the healthy individual) easily vegetates, and that therefore there is no ætiological connection between cocci and pyæmia, between the cocci in the wound and those in the metastatic abscesses, that the cocci there, as here, are only an accidental addition to the disease itself, so important as they are to the taking (hasten) of the secretions by accidental or intentional inoculations, I incline for the cases just cited and analogous cases, to the following view: If we wish to place the cocci in the primary abscess in direct (genetic) connection with the cocci in the metastatic abscess, then their transport was even though perhaps it was begun by the tissue fluids, effected by means of the blood circulation, this would also, as already indicated imply a certain viability in the circulating blood of the cocci, this would by no means prove that the eventual stoppage of the cocci, for instance in the synovial membrane of the knee joint, had caused the metastatic abscess, but this latter might have been originated by some other cause simply offering an advantageous field for the development of the cocci passing by.

Adopting either one of these hypotheses we come again to another curious phenomenon, were the cocci the carriers or the cause of the diphtheritic process in the two last mentioned cases, as has been assumed by many, and which I admit as possible by the experience obtained from its transmission to wounds after inoculation—then the passing or wandering cocci on their way to the knee joint must have lost their infectious diphtheritic character, because the pus in the knee joint was neither decomposing or foul smelling. The process in the synovial membrane had a purely catarrhal blenorrhœic character, there was no diphtheritic process, there

followed in the last case *restitutio ad integrum*; I am not able to solve this enigma.

As a positive, and as it seems to me important result of observation, (*beobachtung*.) I will call attention to the different results of the examination of the fluids extracted from the last case (Joseph Kunz). In the, at first mostly serous secretion, immense quantities of *coccos* were found at the same time presenting no sign of decomposition, the more pus was formed the less *coccos* vegetation were found, at last disappearing altogether. The knee joint assumed its normal condition, the pus offered to sight and smell no peculiarity whatever—that the *coccos* also disappeared in the *ichorus* which I have repeatedly called attention to. It appears to me that the *coccos* then decay when they have utilized the absorbed gases which are contained in the fluids, whether it has the power to decompose albumenoid bodies still remains a hypothesis, notwithstanding assurances to the contrary as the decomposition might occur without their presence.

The luxuriantly vegetating *coccos* is therefore when it is in the tissue of the body, confined to certain primary stages of the inflammatory process, they are destroyed by the rapid formation of pus. When we therefore find no *coccos* in completed abscesses (*ripened*, *reifen*), we cannot say that there never were any there, we cannot therefore make any far reaching conclusions, with regard to their actions or their being the causative elements in closed abscesses.

If these few experiments do not prove much they at least agree completely with observations made during former experiments, namely, that the secretions from the earlier period of inflammation are phlogistically more irritating than those from a later period, and that the actions of the *coccos* vegetation does not depend upon their mechanical influence upon the tissues, nor upon the vital act of their vegetation but upon this fact, to-wit, whether they carry irritative materials with them into the tissues, or not.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

ELDORA, Iowa, Dec. 29.—Have had quite a run of diphtheria; met it with entire success. Gelsemium, Bell, Arsenicum, Kali bich., Merc, proto., China, Cantharides, Nitric acid. Remedies used: Gargle of Permanganate of Potassa, Cream, Beef tea, Oyster broth, and such food. *No Alcohol* in any form. Lost none while nearly two-thirds of cases using alcohol died. J. E. KING.

CHICAGO, Jan. 10.—We have had a number of cases of severe diarrhoea sometimes attended with vomiting, cramps, and marked prostration. Some physicians have called it choleraic, and from this predicted a cholera visit next year. Surface lake water, over-feeding, and excessive colds, seem to be the exciting causes. Verat. has been the remedy for some case. Mild ones have yielded to Bry. T. C. D.

EL PASO, Ill., Jan. 4.—The prevailing diseases here the past month have been, (1) Tonsilitis. (2) Acute rheumatism, (3) Membranous croup, and (4) a few cases of whooping cough. Remedies used: (1). Bell., Merc. cor. (2). Aconite, Bry., Calc. (3). Merc. jod., Kali bich. (4). Bell., Sang. Potenciés from 3x to 30x. I have several cases of chronic catarrh under treatment, one of which seems to be quite stubborn, and I thought I would try the remedy recommended by Dr. M. R. Waggoner, in the last number (Dec. 15th) of THE INVESTIGATOR, p. 485, (Wyethia). I know nothing about the remedy, and have no provings of it, but will use it empirically, and if it proves a success, will report. H. BURROWS.

MALIGNANT DIPHTHERIA.

BY J. A. HOFFMAN, M. D., MENDOTA, ILL.

Read before the Illinois Valley Homœopathic Medical Association, at Dixon,
Oct. 6th, 1880.

In this paper I do not propose to speak of the common variety, which is a very different thing, from the genuine malignant diphtheria. In large cities where there is a full supply of garbage, sewerage and all sorts of decaying putrefaction, many physicians attribute malignant diphtheria to these sources. Facts however do not always agree with theories. I have been through three epidemics of this disease, of the most malignant description, in the country, on the uplands, where the air and water were perfectly pure, and where there were no garbage, sewerage or putrefaction of any description. Small-pox is produced by some specific poison; and every case of this disease that ever existed from the preadamite man, down to the present time, has been caused by that same specific poison, and nothing else. It is just so with measles, and scarlet fever. Well then, if these things be true, is it not also true, that every single case of genuine malignant diphtheria has always been and is now, produced by a specific poison, and never by anything else, sewerage as well as the poison from putrefaction, may undoubtedly poison those who take, and slay its victims by the thousands—but all of the facts in the case, do not warrant the conclusion that the genuine diphtheria, does not arise from a genuine specific poison, wherever it exists, in the populous cities, as well as on the mountain sides or on the open prairie. My conclusions is this, that real diphtheria, does not come from taking cold, or from any latent poison in the system, or from sewerages, or from decaying garbage, or vegetation, but it does come, from some specific poison in the atmosphere, and it is all the same, whether that atmosphere, be the purest the mountain and country can afford, or that in the city, loaded with odorous vapors. What this genuine specific poison is, is another

question. Of course I do not know, any more than I know what produces small-pox, measles, or any other infectious, or contagious disease. To my mind the weight of the argument, is in favor of the germ theory, and without entering into any discussion of the matter, I assume this to be true, and define malignant diphtheria, as a cause of *animal putrefactive poisoning*, and now, nature makes an effort, to expel this poison from the system, by means of the exudation from the tonsils and throat, and the false membrane, which is simply coagulated; exudation serves as a protection to the inflamed surfaces, and our business as physicians, is to assist this remedial effort, and it would be just as absurd and fatal, to suppress the eruptions in small-pox, or measles, as it would be to suppress or dry up the exudation in diphtheria.

Last year, I was called to see a boy of five years, who was being treated by one of the best Old School physicians in this country; astringents were being used, which completely dried up the exudation, and most effectually killed the patient. This of course is very sad, nevertheless it is very true, and should be told as a warning to others. When called to a case, in the first stage I use means to increase or promote the exudation from the inflamed parts, and this will not only relieve the system from the diphtheritic poison but render the exudation non-coaguable and thus ward off diphtheritic croup—cardiac failure, and other fatal sequences. What I try to get at in these cases is the actual condition of the patient—as manifested by the totality of the objective symptoms of the first stage. This is of the utmost importance. The objective symptoms are characteristic in the first stage, and should govern in the selection of the remedy, and I know of but very few remedies, adapted to the first stage of malignant diphtheria. In the second stage, the characteristic objective symptoms have in a measure passed away, and now, the subjective symptoms are characteristic, and the range is much greater. A little boy of six years, was given up to die, by an eminent Old School physician—the exudation had already taken place in the respiratory tract, and had dried up in the throat. The lived appearance, the irregular

feeble and rapid pulse, and the tumultuous breathing, told plainly of the approaching doom. This patient, though having been sick some six days, was to all intents and purposes, yet in the first stage. Gave the Protoiodide of Mercury, five grains of the 2d decimal trituration every half hour at first, and then every hour for forty-eight hours, before these fatal symptoms subsided, the exudation becoming free, from the tonsils and throat, which relieved the local inflammation, as well as the poison from the system *and this was the real secret, that saved the child's life.* I do not use any gargles—paint the throat outside with Iodine, or inside with Iron, or anything else, but select the right remedy—that which is adapted to the stage, and actual condition of the patient—and then, go right straight ahead, and change only when the actual condition changes, and not even then when the change is for the better. Many lives are lost every year by this eternally jumping and skipping about on a dozen different remedies, with every apparent change of the subjective symptoms.

I was called to see a beautiful young lady who was not thought to be seriously ill. She had been sick only a few hours, and when I arrived at the house I found her dead. Blood and matter were oozing from her nose, the inside of her throat was apparently gangrenous, the outside purple, and had swollen out even with the chin, and the body was more or less covered with blue spots. In this case there was no suffering or difficulty of swallowing. The patient simply died without a pain, a struggle or a groan. There were many such cases during that epidemic, and the only remedy that saved a single one of them, was Arsenicum, in the 3rd decimal trituration rapidly repeated. This is what I call malignant diphtheria, and is a very different thing, from that, usually reported in the medical journals as such, and I have no doubt that many cases of simple tonsillitis, are magnified and reported as malignant diphtheria with a big D, and hence, we have numerous remedies, for this disease, which have no adaptation to it whatever, and as a consequence many lives are lost, which should have been saved. No one

should report anything unless he has knowledge enough, to know what he is writing, or honesty enough to tell the truth; I repeat that I know of but very few remedies, adapted to the first stage of malignant diphtheria. Protoiodide of Mercury is adapted to bilious temperament, with moist tongue, enlarged tonsils, yellow false membrane, exudation, thick and stringy with or without bronchial complications. In the putrefactive or typhoid form glary, red, shriveled and retracted tongue, throat dark and fœtid exudation putrid or dried up, putrid and bloody discharge from the nose, and perhaps from the ears, very tired and exhausted, with a tendency to collapse, or to a comatose condition, then Arsenicum is the remedy. I do not hesitate to give these remedies, in full quantities. *The disease must be covered by the remedy, adequate to meet it or the patient is lost.* This is for the first stage, for the second and third stages, I use the middle and higher potencies.

Coming home one night from a malignant case I kissed my little girl on the mouth, and in less than fifteen hours she was dead. I had taken it from the patient, and had given it to the child, but did not know it, until the next morning, then it was too late to save her. I introduce this case, to show the rapidity of the infection in the malignant variety.

In selecting the remedy, we are told that we must individualize, but how can we individualize the remedy, unless we first individualize the disease, and this means a great deal, much more than I can stop here to indicate. The first thing to be done, is to individualize the individual. And then the disease. In order to do this, we must recognize the three distinct stages. The first, second, and third. Remedies adapted to the first stage, may not be adapted to the second, or third, and also, remedies adapted to the second, and third, may not be adapted to the first stage of the disease. The objective symptoms, belong to the first stage, the subjective to the second and third.

Similia similibus curentur is the law, and the totality of the symptoms is the rule of selection, and to me these three divisions, as well as the exact pathological condition, are

absolutely essential to a complete individualization of the disease and the remedy, and also to that of the potency and dose.

Diet.—It is thought that because the patient, feels weak, tired and exhausted, it is necessary to feed up, with all sorts of rich food, to keep up the strength, at a time too, when the stomach is absolutely incapable of digesting a thing; no greater mistake could possibly be made. The cause of this exhaustion is the presence of this diphtheritic poison in the system. This should be met by prompt treatment, while rich food, adds fuel to the already consuming fire. As a general rule the least food the better, until the fever subsides, the tongue cleans off, and nature demands it, by the indication of hunger. Then the patient should have oatmeal gruel, or some such easily digested substance. There is no danger of starving to death, the danger is just the other way, of feeding the patient to death. In confirmation of this, I am permitted to state, that Dr. Chapman, of Polc, Illinois, made a post mortem of several cases, and found the stomach completely lined with false membrane, precisely the same, as that observed in the throat, demonstrating that in all such cases, the impossibility of digestion, and forcing us to the conclusion, that rich food is an absolute injury, impeding, instead of assisting the remedial effort.

In one case of sudden death from diphtheria, Dr. Chapman found two heart clots. The one in the right ventricle, extending out into the pulmonary artery, and the other in the left ventricle extending out into the aorta. These clots were of a hard fibrinous substance. There can be no doubt but some sudden deaths from cardiac failure, come from heart clots. But I am of the opinion, that many more, come from metastasis to some vital organ from the throat.

A gentleman whose whole family had been sick, took the disease. I used the Biniodide of Mercury, which in a few hours completely dried up the exudation in the throat, and he was then taken with a violent pain in the pit of his stomach. To my great astonishment, all of the swelling and inflammation of the throat had disappeared. I was satisfied

that it had been transferred to his stomach, by an almost fatal blunder on my part. Realizing at once the gravity of the situation, I gave full doses of Tartar emetic and in a few hours the stomach was relieved of its pain, and the whole disease centered in the left foot, which became swollen and very painful, and in the course of a few weeks it was lanced, and a large quantity of stringy, ropy and sticky exudation was discharged from it. The disease was actually transferred from the throat to the stomach, and from the stomach to the foot. This was a lucky accident. Had this transference been to the lungs or heart, the case would have been specially fatal, and at that time I should not have known that the man lost his life through my ignorance.

As I have said before nature is making an effort to eliminate this poison from the system, by or through, the exudation from the tonsils and throat, and of course this exudation should be increased and not dried up. The primary object should not be to cure the throat, but to eliminate the poison from, or destroy it within the system. When the first stage is properly treated, metastasis, will not be likely to occur, and sudden deaths from cardiac failures will rarely take place. The whole thing is the result of bad treatment in the first stage. Several years since, Dr. G. D. Beebe published an able paper on scarlet fever and diphtheria, and recommended as a constitutional remedy Sulpho-carbolate of Soda.

A few years after this the writer of this paper gave his experience with Salicylic acid, as a constitutional remedy, and at the same time, using remedies for the subjective symptoms, and now, Dr. Newhall and others are doing the same thing, and all with good success.

But is it not a fact that every remedy actually adapted to a case must in the nature of things be a constitutional remedy. So that if Mercurius, Arsenicum, Salicylic acid, Sulpho-carbolate of Soda, or anything else be the constitutional remedy in any given case, is it not true that the remedy covers the whole case, symptoms and all? Why then

give more than one remedy at a time? and do we not deceive ourselves and others when we prescribe a constitutional remedy, and then one or more for the supposed symptoms?

RECAPITULATION.

1. That malignant diphtheria has a germinal origin.
 2. That it is the same virus that produces diphtheria, in all places, and in all conditions.
 3. That sewer gas and the general putrefaction in cities, or anywhere else, never did, never can, and never will, produce a single genuine case of malignant diphtheria.
 4. That the best, and most successful treatment consists in aiding the remedial effort of nature.
 5. That there are but very few remedies adapted to this disease and these are not only constitutional, but cover also the symptomatic indications.
 6. That when we thoroughly comprehend a case, in all its bearings, it will rarely be necessary to use more than one remedy at a time.
 7. That we have no right to humbug ourselves, and the people, by not knowing enough to know a genuine case when we see it.
 8. *That the first and most important qualification of the physician is, to know enough not to kill his patients.*
- My next paper will be the common variety of diphtheria, pathology and treatment.
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PNEUMONIA: VARIETIES AND SEQUELÆ.

BY J. T. GREENLEAF, M. D., AND READ BEFORE THE
C. N. Y. H. M. L. DECEMBER 16, 1880.

Pneumonia is a disease of the lungs which is especially characterized by an exudation into the infundibula and terminal air vesicles. We recognize the two acute varieties, croupous and catarrhal, and the chronic form, the intersti-

tial. All other so called forms are either varieties of these three, named from some prominent phase of a given case or are not pneumonias at all. In this paper we will discuss only the two acute forms. In croupous pneumonia the exudation is of a fibrinous or croupous character similar to croupous laryngitis.

While all ages, conditions and classes are liable to an attack of pneumonia—speaking now of the croupous variety only—it has been noticed that males are more liable to its ravages than females and that infants and young children are rarely attacked by it. One attack renders the subject more liable to a second one, the badly nourished and poorly housed, convalescents from grave diseases, any feeble and broken down organisms are most frequently attacked.

Beside direct irritants to the lungs, accidental or traumatic, the remote causes as well as the immediate are shrouded in obscurity.

The fact that it appears epidemically sometimes would argue strongly in favor of atmospheric influences as the immediate cause. As it is marked by a very decided crisis, or critical change it would be most natural and practical to examine it in two stages; the stage of increase and of decrease. In this examination we will try to notice as we pass along, the pathological processes, the external symptoms of those changes both in its normal and irregular appearances.

The peculiar malaise, general and shifting pains, headache, loss of appetite, unrecuperative sleep, etc., which are the premonition of any grave disease are noticed for a day or two followed by a severe rigor, which is not a chill, as the thermometer indicates no decrease of temperature. This rigor lasts from a few minutes to a few hours and is always present except in the asthenic cases of old people, following the rigor we observe the characteristic pneumonia combination of symptoms, fever, pain, cough, dyspnoea. The chill has been considered pathognomonic, and with the sole exception noted above is correctly considered so. Its time of occurrence should be noticed as some guide in prognosis as well as its duration and violence. About the time of the chill

the whole lung becomes engorged with blood, the capillaries swell up and encroach upon the space of the air vesicles and as the reaction from the chill begins to appear, a peculiar sticky, gelatinous exudation is gradually being thrown into the vesicles; this is loaded with fibrin and mixed with liquor sanguinis, which gives it a reddish color; the presence of this produces more or less irritation, and a cough ensues which is generally dry and racking varied by occasional expectoration of this prune juice or rusty sputum. The engorged condition of the lung produces more or less dyspnœa, from the lessening of the space permeable to air, yet the soreness of the lung has its effect to keep the patient on his guard about breathing, the insufficient supply of blood to the heart from the lung while the increased combustion caused by the exudation and the fever requires an increased quantity of oxygenated blood to supply the demand, tends to increase the dyspnœa.

The pain is of a sharp sticking character generally referred to the point where the engorged lung touches the thorax.

The changes going on in the lung require an increased supply of blood, and produce a greater degree of heat and the fever ensues; this may run as high as 107.7 though a very alarming symptom; generally it runs as high as 105.5 at its highest exacerbation in the twenty-four hours which occurs at the time of the daily rise beginning at 10 or 11 A. M. and reaching its height about 3 or 4 P. M., gradually falling through the after part of the day to reach its lowest point in the early morning.

The pulse keeps pace with the fever and accelerated beating of the heart, at first full and strong at a rate of from 90 to 120 per minute, though it may run higher, the prognosis becoming more grave as it runs above 120.

Headache, quickened respiration, cyanosis, obstruction of the portal circulation may occur. The great combustion leaves much waste which shows itself in the quantity of urea in the urine. Albumen is also found though it cannot at present be accounted for. Restlessness and anxiety mark the case and a mild delirium may be present.

During and after the rigor the exudation being churned to and fro in the air passages, at each inspiration gives rise to the "crackling sound" which auscultation reveals; later in the stage of increase we get only a dull sound on percussion. Examination of the thorax shows that the respiratory heaving is confined to the well side as the patient makes a muscular effort to hold the affected side quiet. This train of symptoms continues until the end of the first week after the chill, without much change except the pulse grows softer and smaller and the cough more racking and fatiguing, and the usual signs of sinking of strength obtain.

The exudation becomes more and more solidified as the fibrin grows firmer in its composition, and the lumen is gradually filled by this red fibrinous matter producing what is known as red hepatization. When the red hepatization has become complete, we are unable to find that the parenchyma of the lung has entered into the complication at all, but after this the second anatomical stage has obtained; it progresses much like a catarrhal inflammation for the connective tissue elements swell and produce more or less pressure on the fibrinous clots in the lumen and vesicles, quantities of young cells are thrown off into the vesicles, the blood globules held by the fibrin die and begin to become discolored, the whole clot together with its immediate surroundings begin to assume a grayish yellow color, this is called the stage of yellow hepatization. Both these stages progress to completion during what has been called in this paper the stage of increase and this stage, together with the stage of yellow hepatization close at the crisis.

Where pneumonia attacks aged people there may be no chill, no cough, no pain, no dyspnoea, but the low asthenic fever that is present overshadows all the other symptoms; auscultation and percussion only can reveal the condition; when habitual drunkards are attacked, the preliminary symptoms may simulate a case of *mania-a-potu* for a few days when all the more characteristic pneumonic symptoms may show themselves in a very short time, the symptoms which might be expected in a case that had proceeded from the chill as long as the *mania-a-potu* has lasted.

Near the end of the first week after the chill we may find a great change suddenly take place. The sputa changes somewhat, being now more yellow and more copious, with this the temperature falls, the pulse abates in frequency, the pains and dyspnœa subside the anxiety and restlessness depart, the patient sleeps quietly, calls for food and seems suddenly better. This we call the crisis, the exudation clot begins now to break down and becomes a soft yellow gelatinous fluid which is partly absorbed and partly expectorated. Strength returns and a complete resolution takes place, leaving the lung in a perfectly normal state in the mildest cases. If however the metamorphosis of the clot which is superinduced by the catarrhal infiltration is interfered with, because of a loss of vital power to supply the necessary strength for this change or from any irregularity in the process, it will be indicated by a lack of the characteristic critical change or a very short improvement; and now the fever runs higher than in the past week and continues longer every day, the cough is more wearing, the dyspnœa is more marked, either a state of apathy and exhaustive somnolence is present, or the excitement of the past week is aggravated to a mild delirium, pulse becomes more frequent, smaller and softer in the asthenic type, but small and wiry in the nervous variety, the tongue becomes dry and crusted and all signs point to a fatal issue. In such cases the proper Homœopathic remedy may bring about a benign issue in a very short time and convalescence follows in the same manner as in the normal type but more slowly, in proportion to the degree of exhaustion of the strength of the patient. This process is wrongly called typhoid pneumonia. When the corrosive action of the catarrhal infiltration is too rapid and violent in its action, we also fail to detect a crisis, a rapid sinking of strength is noticed, repeated shivering and slight chills appear, the sputa contains fatty cells and pus cells and the odor marks what is called purulent infiltration. This condition spreads beyond the lobe which has been the seat of the pneumonia thus far and in the most favorable cases recovery is extremely tedious. This is the stage of purulent infiltration of the books.

We may meet gangrene of the lung, pulmonic abscess, or ulcerous phthisis as the sequelæ of this stage, yet resolution may take place even here. Death may take place in the stage of increase from apnœa, because of the extent of the involvement of the tissue, but it generally occurs from asthenia because the system is unable to stand the drain from the increased destructive assimilation. The prognosis should be made up only from day to day from the condition of the patient before the attack, the extent of hepatization, and the manner of procedure after the crisis.

The rate of mortality under the expectant method of treatment is from 40 to 50 per cent, while Homœopathic statistics reduce this figure to from 16 to 25 per cent.

Society Proceedings.

QUARTERLY MEETING OF THE N. Y.

H. M. S. IN SYRACUSE, N. Y.

DECEMBER 16, 1880.

Dr. Nash, the president, in the chair. Fifteen members were in attendance. The Organon was taken up at paragraph 185.

Dr. Nash—Dr. Hebra says that diseases arising from eruptions and other local affections having been treated externally, are without danger. The affection is purely local. There is no connection between external treatment and subsequent internal diseases.

Dr. Hawley—A child has eczema behind the ear, and on the face. Gave Psorinum 42m A day or two afterwards an Old School physician told the family it was simply a local affection, and the doctor who could not cure it in three days was a d—d fool. I had told them that the child might

be worse for a few days. They adhered to Homœopathy. In ten days time the skin healed perfectly, from that one prescription. Gave Psorinum because of the child's digging into the sores, and the constitution of the patient.

Dr. Emons—A similar case. Child had white hair; was scrofulous. Gave Psorinum 42m, one powder dissolved in water, four doses. The result was good.

Dr. Hawley—Some years ago I treated a man suffering from eczema, and cured him with *Rhus rad.* 200. The eczema is on him again, right knee and thigh, left leg, and both arms. General health poor. There are scales with pus under them. He prepared for himself the extract of Red Clover, from the first blossom, took it, and seems to be improving. He took it in appreciable doses three times a day. Constipation was one of his troubles. That is removed. There was no catharsis.

Dr. Seward—It may be a suppression. Six months will show.

Dr. Nash—It may be a palliative.

Dr. Hawley—The patient attributes his troubles to vaccination. Was vaccinated when a boy. The vaccine sore resembled the sores he has now. At twenty years of age the sore returned upon his arm. A few years ago it came again on many portions of his body. I thought he was cured then by *Rhus rad.* Gave it to him because, when he scratched one place, he had to scratch all over.

Dr. Sullivan—The Red Clover will cure him. There is correspondence between it and the disease. A boy of ten had herpes circin. The shins, palmar surfaces of the arms, cheeks, neck, gluteal muscles were covered with it. The itching, a saddle across the nose, and sallow complexion led me to give *Sepia* 200 for three months, at intervals of two weeks. Cured. Another case of eczema has gluey oozings. It is in the axillæ, bend of the elbows, and popliteal spaces. *Graphites* 30, every twelve hours. Improving. Another case had the characteristic symptom of dreading to be washed. Cured by *Sulphur* 200, five doses, one week between doses.

Dr. Seward—Is repetition the best way?

Dr. Sullivan—Permanent cures are made by not repeating too fast or too long.

Dr. Nash—We can produce aggravations in chronic cases as well as in acute. A mild aggravation does not hurt if we know when to withdraw a remedy. With some medicines my rule is to give in one day three doses, and then wait.

Dr. Hawley—Was called, some years ago, to visit in a family which had been accustomed to Homœopathy and Morphine. The patient was a child, the disease jaundice. It improved upon very little medicine. A grown son of the family came home from college. He came to me to be treated for barber's itch. Had been in a barber's shop but once. The sore was on the right side of the face. Had been treated by local applications. Was surprised that I declined to use external applications. Prescribed for him six or eight times. *Rhus tox.* 30 has cured him. Gave it because of itching with aggravation from scratching. Symptoms were all local. Hence, the case has been difficult to treat. The 200th failed. Then gave the 30th for two months, three times a day. His face is now entirely smooth.

Dr. Seward—In a case of herpes circin. *Sepia* 200 failed till given two or three times a day. Then it cured.

Dr. Hawley—Two months after Dr. Miller's death, a former patient of his came to me. Secondary syphilis. Covered from head to feet with syphilitic maculæ. Throat sore. Probably Dr. M. had tried Mercury. Gave four doses of Swan's Syphilinum, in four or five months. Throat healed. Skin cleared up. I thought him well. In October last he went to North Carolina. Was called to him nine days ago. He had just returned. Found him in bed. Covered with small pimples, almost white on a red base. He thought he had been poisoned by a vine in the woods. This was the second time, he said. When he scratched one spot, he would instantly want to scratch the corresponding part on the opposite side; *e. g.*: if he scratched a place upon one arm, he must instantly scratch the corresponding spot upon the other arm. Numbness appeared. It began on the inside

of the right thigh, went down, then passed on the outside of same leg, and then went over to the other thigh. Rhus tox. 200, every four hours a dose, relieved the eruption and the itching. He suffers now from violent pains in the lumbar region at night, on the scapulæ, sometimes on the side of the spine, heavy and dull pains, sometimes clutching as if by a hand on the spine. He cannot tell where his feet are, except by looking at them. In attempting to walk, he must use the cane, or a chair; shoves and drags his feet; has great difficulty in pushing the feet back; cannot push them out sideways. He is sensitive to touch. He describes the numbness as resembling that which you feel when your hands are cold. The pains in the back are relieved by heat. After a dose of Staphysagria he slept better one night; then the effect was lost. He is now on Sulphur 200. Yesterday a new fact came to my knowledge, difficulty in obtaining an evacuation of the bowels. A year ago he noticed an appearance of numbness about the anus. Flatus would escape, and he would not know it save from the noise. Is the paraplegia syphilitic? He had denied to Dr. M. that it was syphilitic. Dr. M. found it out.

Dr. Parcell—It is a case of sclerosis of the spine.

Dr. Nash—Not knowing whether he was poisoned in the woods, nor by what plant, you can only treat it as symptoms occur. Think Syphilinum should be tried higher. If it fails, Aluminum for the numbness of the rectum.

Dr. Emons—What success has any one had in goitre? A girl of eighteen has the ex-ophthalmic variety. In this variety the impulse of the heart is greater. One eye protrudes more than the other. The goitre began about the time of her first menses. Menses irregular. It is now several months since she has had any. Neck naturally small; now, it is large. Have given Iodium 2m, twice. Neck seems to grow smaller. Is sensitive to any pressure on the neck. Shall I give Lachesis?

Dr. Nash—Spongia has the heart symptoms and the sensitiveness of the neck.

Dr. Sullivan—Have had three cases. Local application

of Cosmoline and Spongia tincture. with Spongia 6 internally, cured.

Dr. Nash—How can you tell what cured, or whether it is cured? Because a goitre disappears under local treatment does not prove it is a cure. A case treated with Iodide of Mercury externally and internally went in a year into fatal consumption.

Dr. Sullivan—Have wished I had not used any external treatment in the case. Have found the external application of a remedy increased the curative action already set up by internal administration of the same remedy.

Dr. Nash—Have seen eruptions disappear under Cosmoline, but not cured. It is a weak preparation of Petroleum.

Dr. Sullivan—Carbolated Cosmoline in scalds is unequalled.

Dr. Brewster—A case of cardialgia was cured with Petroleum. Faintness; goneness; would turn white; relieved by eating; must have something to eat. These were the characteristics. There is a statement in one of the old authors that goitre in low places is cured by Spongia; in high regions other remedies are required. Cured a case, having the symptoms of pressure upon the larynx and trachea, with Spongia 6 and 10 in a few weeks, five or six doses in all.

Dr. Seward—In a case of severe cramping pains in the stomach, some one recommended Chloroform mixed with Sweet Oil. The patient used it, and seemed to be benefited by it.

Dr. Sullivan—A lady of twenty-five suffered with gastralgia, or with cardialgia—difficult to say which. Aggravated at the menstrual period to such a degree she would drop to the floor. Would come on abruptly, and cease suddenly. On advice, I gave Lac caninum 55m, in water. Cured.

Dr. Hawley—I am subject to gastralgia, especially when I have night work to do. Am obliged to lie down. Lying down I am relieved and fall asleep in a few minutes. Bryonia helps.

Dr. Nash—That particular symptom of pain in the stomach relieved by lying down is said by Allen to be characteristic of Causticum. Have tried the c. m. and found it effectual. But we are wandering from our subject. We proceed to paragraph 186. Have seen effusions absorbed by internal use of Hypophosphites of Lime, 2nd trituration repeated frequently. Symptoms constitutional in phlegmatic persons.

Dr. Jennings—Such temperaments will bear frequent doses; yet, sometimes they suffer intensely from medicinal aggravations.

Dr. Brewster—A man was thrown upon his back, the lumbar region, from a carriage. Was laid up some weeks. Never fully recovered. He became emaciated, tremulous, oppressed in breathing as in asthma; said it seemed as though his breathing would stop. There was indigestion also; inactivity of the rectum, going for a week at a time without any demand; then, after great effort, there would be an evacuation. Conium mac., 1m, relieved the constriction of the chest, and the constipation.

Dr. Nash—An old man fell down stairs, striking upon the shoulders. It brought on intercostal soreness. He laid on his back; could not move without intense pain. Arnica failed. Bryonia 30 relieved promptly.

Dr. Brewster—Have found Arnica answer where Bryonia failed, in intercostal pains as if from rheumatism, but arising from strains and pitching.

Dr. Hawley—Have never seen a case of effusion into cavities cured by tapping. A man was relieved of hydrothorax by Homœopathic medicine. A year after that, an effusion was discovered. Was treated Allopathically. Death ensued, though the aspirator was used, and much fluid drawn off.

Dr. Nash—Knew a young man with hydrothorax. Was tapped. Homœopathic remedies were used. He is well.

Dr. Seward—A case of pleural suppuration, given up by the Old School, was cured by Homœopathy.

Dr. Parcell—Have seen recovery after removal of an ovarian tumor.

Dr. Hawley—Have seen ascites treated by tapping and by Homœopathic remedies, and still not cured. Was asked if Bright's disease is ever cured? Had a bad case nineteen years ago. Abdomen, legs, and scrotum distended enormously; the urine so albuminous as to coagulate in the test tube, and could not be poured out of the tube; could not bear the sight or smell of food. The case was idiopathic. Colchicum 200, two doses, cured him. He is a well man, on the streets to-day. Loathing of food is characteristic of Colchicum.

Dr. Nash—In a case of typhlitis, there had been vomiting of fecal matter for several days. Patient could not bear sight nor smell of food. Colchicum 4 was given. Great aggravation followed for a time. In four hours the bowels were evacuated freely.

Dr. Sullivan—In the case I spoke of where Sepia was given, I wish to say that five doses were given, one dose daily for five days, then omitted five days, then resumed. Sepia was repeated in this way three times. Recess until 2 P. M.

DISCUSSION ON PNEUMONIA.

The Secretary read Dr. Greenleaf's paper on Pneumonia. A vote of thanks to Dr. Greenleaf was passed, and the paper placed on file. (See page 88 this number.)

A question was raised as to what is meant in the paper by the phrase "destructive assimilation." Thought to be a slip of the pen.

Dr. Hawley read a paper from Dr. L. B. Wells on the use of Rhus tox. in Pneumonia, showing that it is more especially related to the third stage of pneumonia when the characteristic symptoms are present: dryness of the mouth with much thirst; tongue dry, red, and cracked; much tough mucus in the mouth and throat; putrid breath; sometimes, bloody saliva runs from the mouth; unquenchable thirst for cold drinks; worse at night; all passages seem stopped; dry, hard, tickling cough, worse before midnight, worse from talking or lying down; expectoration of greyish green mucus

having a putrid smell; or, expectoration of acrid pus; stitching and tingling in the breast; tension in the intercostal muscle; worse at rest. It is indicated in typhoid symptoms from re-absorption of pus, with tearing cough, and great restlessness because quiet makes pains and dyspnoea worse; pulse weak, faint, soft, trembling, or imperceptible, or irregular, 100 to 120; evening fever with diarrhoea; urine pale, with white sediment, or dark and turbid; the respirations are often 40 to 45. Such a train of symptoms is more likely to be developed at the age of seventy and upwards. *Veratrum viride* is to be thought of also, in these conditions. It is an important remedy.

Dr. Hawley read a paper, contributed by himself, on the use of Sulphur in Peumonia, showing that Sulphur, which Dunham calls the "godlike" remedy, has wonderful efficiency in pneumonia when it is called for by the totality of symptoms: in the chest, chiefly stitches through to the left scapula; burning in the chest rising to the face; pain as if the chest would fly to pieces when coughing, or drawing a long breath; weakness in the chest when talking or lying down; feeling as if a lump of ice were in the chest, right side. The cough of Sulphur is paroxysmal; mostly dry; sometimes with much rattling of mucus, or dry, with hoarseness; sometimes loose, with soreness and pressure in the chest; is excited by tickling in the larynx as if caused by down; without expectoration evening and night, with expectoration in the morning; the sputum a green mucus, or milk white and watery; sometimes the sputum is dark blood; and sometimes it is purulent, having a sourish, saltish or putrid taste. Concomitants: patient is peevish, irritable, obstinate; vertigo while sitting or standing, worse after eating; heaviness of the head, worse after sleeping or talking; drawing and turning in the head; throbbing headache at night; hardness of hearing, with humming or hissing in the ear; paleness of face, with sunken eyes, lips dry, rough, and cracked; bleeding of the gums; taste sour, bitter, foul; tongue white, with red tip and borders; profuse saliva, with nauseous taste; sore throat, with great burning and dryness,



first right side and then left; great thirst; nausea and vomiting, especially in the morning; stomach sensitive to the touch; empty, gone, faint feeling about 11 A. M.; swelling of the liver; abdomen sensitive to the touch; colic after eating or drinking; constipation, or morning diarrhoea; retention of urine, or frequent micturition, especially at night; hoarseness; dyspnoea; pulse full, hard and quick; pain in the small of the back; rheumatic pains in the shoulders and arms; burning of the soles of the feet, wishes to put them out of the bed; wakeful at night; talking in sleep; wakes with a start; chills running up the back; frequent flushes of heat; sweat at night, most toward morning, profuse and sour. Aggravation: the ill-humor, vertigo, headache, bad odour from the mouth, dryness of the mouth, nausea and vomiting are worse in the morning. The cough, dyspnoea, throbbing in the chest, pain in the back, and the sour sweat are worse at night. Cold, cold air, and open air aggravate all the conditions. The faintness and goneness at the stomach are worse about 11 A. M. The headache is worse while coughing. The stitches in the chest are worse while lying on the back, and from motion.

Dr. Nash—Stitches through the left chest would be more likely to be found in pleuro-pneumonia. Then Sulphur, Kali carb., and Bryonia help. Flashes of heat make a special characteristic of Sulphur. Rhus tox. should be thought of when pneumonia comes from a suppressing of sweat by a wetting.

Dr. Hawley—The flashes of heat may be without sweat.

Dr. Nash—Hering says the flashes of heat are followed by a little sweat, and weakness.

Dr. Seward read a paper on the use of Aconite in Pneumonia. Chilliness soon followed by fever, and pain in one side of chest are usually the first symptoms of inflammation of the lungs. The cough is short and dry at first from the pain it causes in the chest. Sensation of fulness or of obstruction in the chest, or sensation of weight and heaviness; piercings, or shootings, or stitching pain on coughing, or deep inspiration; expectoration scanty, and difficult from the

pain caused by the effort, and is of a frothy or dark cherry red color. The vesicular murmur can be heard. Concomitants: Aconite affects oftenest the left side of the chest, and acts favorably upon persons of a plethoric habit, lively character, bilious, nervous, or sanguine constitution, having dark hair and bright complexion. Pain in the head, back, and limbs, with urgent thirst, and fever; full, rapid hard pulse; constipated bowels, and scanty urine of a high color.

Aggravation.—Pain in sides and chest is aggravated by coughing, deep inspiration, movement, pressure, and by stimulants. The general symptoms are worse at night. Delirium sometimes at night.

Amelioration.—The cough is mitigated by lying on the back with the head and shoulders higher. The shootings in lower half of chest are lessened by lying down or sitting. The symptoms are less severe by day.

Comparisons of Aconite and Bryonia.—Aconite has pressure and burning under the sternum; Bryonia has heat through the chest. Aconite has a greater variety of severe, acute pains in the chest than Bryonia, or any other medicine. Pulse full, hard, rapid and strong. The Bryonia pulse is full, hard, and quick, but not as frequent as in Aconite. Aconite has severe stitches in the chest; Bryonia has stitches in the back of the chest, under the scapulæ and muscles of the chest, and through the chest to the scapulæ. Bryonia pains are worse lying on the back, and Aconite better. In Aconite the moral symptoms are more vehement and variable; at times full of hope, cheerful, at times sad, depressed, or angry, thinks he is going to die, cannot bear noise. Bryonia has fears, uneasiness, and dread of the future, fears of death, but not as deep as in Aconite; out of humor and irritable, but not angry, nor as cheerful a mood as Aconite has. Aconite has thin, white, frothy mucus, expectoration of mucous mixed with blood, of a dark cherry red color, with a raw sensation behind the sternum; the Bryonia expectoration is of a soft brick shade, tough, falling in a jelly-like lump. Aconite has mucous rales, audible by auscultation, and at times, audible at a distance; the rales

are posterior only; Bryonia has no such respiration, no vesicular murmur, has dulness. The Aconite cough is worse at night; in the Bryonia cough there is a sensation as if the head and chest would fly to pieces, also a pressure in the head when coughing.

Aconite and Phosphorus.—In Aconite inflammation we have the best example of a sthenic form; in Phosphorus, of the asthenic form. In Phosphorus we have vesicular and sibilant rales, and moist mucous rales. The different condition in which we find the patients's system will easily inform the educated physician which medicine will prove the true remedy. The character of the pains and sensations in the chest is very different. In Phosphorus, tension and tightness in the chest, itching in the chest, weakness of the chest, cough with rawness and hoarseness in the chest, weakness and general exhaustion, phthisical constitution.

Aconite and Sulphur.—Sulphur has numerous stitching pains in the chest, like Aconite; but, Sulphur applies to a very different stage of pneumonic inflammation, viz.: the hepatization, and bronchial respiration most plainly heard in the back of the chest. Aconite is applicable in the first stage of inflammation, Sulphur in the third stage and later.

Dr. Gwynn—A jelly-like lump of rusty *sputum* is peculiar to Bryonia, not the mixed redness of Aconite, nor the thread-like red in the *sputum* of Phosphorus.

Dr. Seward—Sulphur is not indicated in the first stage of pneumonia, where there is a high grade of fever.

Dr. Swift—Sulphur would not be indicated in acute pneumonia, but may in sub-acute.

Dr. Hawley—Aconite or Sulphur would not be decided by the length of time since the attack.

Dr. Nash—One symptom of Aconite is that the expectoration is easier than in Bryonia. Aconite when the affection comes from a chill in the dry air, dry and cold air.

Dr. Besemer—Have seen cures by Phosphorus where the characteristic symptom was that in coughing the patient would hold his stomach or abdomen with his hands.

Dr. Hawley—In Bryonia the patient dreads to move,

though pain may compel him to move. In Aconite he is restless without regard to the pain. In Bryonia he is cross. In Aconite he fears he will die, and wants something to be done. In Bryonia he wants to be let alone.

Dr. Nash—In Bryonia the patient lies on the painful side, where one side only is affected. This is a strong characteristic.

Dr. Gwynn—Every hepatized lung desires to lie on the hepatized side.

Dr. Seward—You want no Bryonia in a hepatized lung. Some softening must have come about.

Dr. Nash—In the Bryonia rheumatism the patient prefers to lie on the painful side.

Dr. Brewster—In liver and right lung troubles the patient prefers to lie on the right side. When the disease is in the right side, when the eyes glitter, the tongue is red, the countenance flushed and excited, and the patient wants to lie on the right side, Belladonna will not fail to help.

Dr. Gwynn—Pulsatilla is given where there is no thirst, and when there is great thirst. What are characteristics?

Dr. Nash—There are alternations of symptoms; there are primary and secondary conditions.

Dr. Swift—There is high inflammation calling for Aconite; and, there is an Aconite collapse, as in cholera.

Dr. Seward—If you find Sulphur symptoms, and with them hunger to faintness at 11 A. M., this is a characteristic which determines the selection of Sulphur.

Dr. Hawley—C. Hering's *Materia Medica* gives the same characteristics as belonging to a great many remedies. There may be half a dozen bald-headed men in a crowd. If you are hunting for a man answering to a description of many features one of which is baldness, you may select a man who has the features, but unless he has a bald head you have not selected the man for whom you are searching.

Dr. Nash read a paper on the use of Tartar emetic in Pneumonia, setting forth the following indications:

Breathing.—This is quick, short, trembling; shortness of breath from suppressed expectoration, especially if drowsy;

unequal breathing; intermittent, anxious, gasping inhalation; difficult respiration, with great rattling of mucus.

Cough.—Short cough with shrill sound; or, the cough compels the patient to sit up; cough is moist and rattling, but without expectoration. There appears to be a large collection of mucus in the tubes, and it seems as if much would be expectorated, but nothing comes up; or, at other times there is profuse mucous *sputum* easily expectorated; but, generally there is profuse mucus with feeble expulsive power, coughing, and gaping consecutively, particularly children, with crying, or dozing, and twitching in the face. Cough grows less frequent; patient shows signs of carbonized blood; motion of chest very quick but heavy, as if under a heavy load, with suffocative anxiety and stertorous rattling of phlegm; or, slight motion, principally abbreviated breathing.

Sputa.—Blood-streaked, rust colored *sputa*, adhering like glue to the vessel.

Tartar emetic is to be thought of in hepatization, œdema of the lungs, emphysema, impending paralysis of the lungs, bronchiectasis, and senile catarrh. The chief characteristic of this medicine is the loaded condition of the tubes, and sleepiness from embarrassed respiration.

Concomitants.—The face expresses the greatest anxiety; suffering face, livid, red or pallid, cool, earthy, bluish around the nose; the nose pointed; eyes sunken, with blue margins; lips livid; urine scanty and red; pulse weak, quick, and trembling; restlessness and anxiety, he tosses and throws the arms about; great weakness; great sleepiness, irresistible inclination to sleep, even coma as in sopor as if suffocating; temperature increased; sometimes a running sticky sweat; forehead and hands sweat and are cold, but the sweat does not relieve.

Aggravation.—When lying on affected side; lying down; on being touched; the child will not let you feel the pulse.

Amelioration.—When sitting up, or being carried in an upright position; expectoration; lying with head bent back.

Relationship.—Tartar emetic is similar to Ipecac, but has more drowsiness from defective respiration, the breathing is more rattling; that of Ipecac is more spasmodic or wheezing as from spasm of the lungs. Tartar emetic must supplant Ipecac when the lungs seem to fail, the patient becomes sleepy, and the cough ceases or becomes less frequent, with cyanotic symptoms.

The choice may sometimes fall between Tartar emetic and Carbo veg. Both have the coarse, rattling respiration, and the inability to expectorate sufficiently; but in Carbo veg. expectoration is discolored, taking on a gangrenous hue; and the breath has a foul odor; the stools are foul, decaying, diarrhœic; breath cold; the extreme general prostration of the vital powers is more marked.

Opium resembles Tartar emetic in its disposition to sleep; but, with Opium, the somnolence is generally accompanied with a dark red face and stertorous breathing. The sopor of Tartar emetic is accompanied with pale or cyanotic face. Opium is particularly adapted to the lung affections of drunkards.

In pulmonary cedema the choice will sometimes fall between Tartar emetic and Kali hydriodicum, and a close comparison by help of the *Materia Medica* will decide the choice. Kali hyd. has expectoration resembling soap-suds; or, it is thick and green.

Lycopodium may call for its share of attention, especially in the latter stages, when the expectoration has become profuse; but, the spasmodic motion of the *alæ nasi* is replaced by dilated nostrils in Antimonium tart.

Other remedies will introduce themselves to our attention according to the individual case in hand; and, it is only by close comparison and individualization that the greatest success can be obtained. As a rule, in lung affections Tartar emetic comes in the latter rather than the first stages, following well such remedies as Aconite, Belladonna, Spongia, Chamomilla, etc.

Dr. Hawley—A boy, nine years old, was sick with double pneumonia. For ten to twelve days he had been going from

bad to worse. I thought he would die. Took with me an Old School physician who was studying Homœopathy, and is now one of us. Found the boy sliding down toward the bottom of the bed; floccilation; respiration 50 to the minute; face blue, about the mouth especially; rattling breathing; dulness over all the chest; large mucous rales; sweat on the left side of the median line, the other side being dry. Said to my companion, the medicine having the characteristic sweat will cure him. Said he, "If you cure him I shall believe in Homœopathy." Consulting the *Materia Medica*, the choice was found to lie between Pulsatilla and Nux vomica. Nux has sweat on either side; Pulsatilla on left side only. Pulsatilla, a dose every three hours, cured the boy. Tartar emetic had been given in vain.

Dr. Brewster—Pulsatilla has large secretions in the lungs.

Dr. Swift—Pulsatilla has succeeded in pneumonia after measles.

Dr. Jennings—Yes; and, it has failed.

Dr. Schenck—A child had measles. A measles cough set in, a cough distressing at night. The child was haggard. Pulsatilla, three doses, cured.

Dr. Nash—Have found Sanguinaria curative in typhoid pneumonia, where the face was livid, or dark red. Dr. Lippe gives this as a characteristic.

A letter was read from Dr. L. B. Wells, in which he recommended the sending of a delegate to the American Institute of Homœopathy. This was not thought to be advisable. The Institute is not constituted of delegates. A delegate would have no vote, nor be eligible to any office in the Institute.

Dr. Parcell—Have found that this Society, though not represented in the Institute, is widely recognized as thoroughly Homœopathic.

Dr. Swift—It would be well to have clinical reports read at our meetings.

Dr. Swift was requested to prepare a paper on scarlatina, and present it at the next meeting. The President was

requested to procure from members papers on the use of remedies in scarlatina.

Ordered that the discussion on the Organon at the next meeting proceed from paragraph 187, and occupy the morning session. Adjourned.

Attest C. P. JENNINGS, Secretary.

Consultation Department.

FOR DR E. C. OHMART'S CASE.

I suggest Taraxacum 6 or 30 before or after every meal, also after any overwork or excitement, and Badiago 30 every evening before going to bed.

D. A. H.

PROVING OF PAPAYA.

Have you any book or pamphlet giving a proving of Papaya? [No, except what was already published, Vol. XII., p. 191. Will some of our readers make a proving and report?]

PROLAPSUS ANI.

If G. W. Powell will make a small injection of Strychnia (one one-thousandth of a grain) into the cellular tissue near the anus, he will soon wear the laurel wreath. Possibly several equally small injections containing the same quantity of the drug will be necessary to effect a cure.

E. E. SILL.

"GREASE" IN FEVERS

In your last number Dr. E. R. Ellis, of Detroit, makes the startling announcement that the "grease," as he euphoniously expresses it—in milk makes it a bad dietetic in fevers. Will he have the kindness, as his physiology is manifestly different from that of the authorities, to tell us what the amount of "grease" in milk is? Also, what is the difference between milk and chyle? Also why nutrition is not indicated in exaggerated waste? And if the "grease" in chyle is equally objectionable in fevers, how he manages to keep it away from his patients suffering with fevers. This will calm the fears of a startled physiologist who fears he is behind the times. *

HOW I MAKE AN INDEX.

In answer to Dr. C. G. Gilbert's article, "How to Make an Index," in my opinion no publisher can make an index to meet every exigency. A method which I use makes my journals equally as valuable to me as my text-books. I have a book with an index, and in it I index each drug or subject, and enter the same as I would a ledger heading, and underneath make sketches with name of journal, page, and year, and thus can make hasty and sure reference to every valuable hint on the use of the drug in question, or disease under treatment under a single head. I refer to my index, and through it, to my journals, almost daily, and would not take ten times the cost of journals for this means of reference. To avoid too many headings, I index *to suit*, and if not important enough to deserve a separate heading, I enter under a heading of like import, *e. g.*, Birthmarks under "Deformities," Development under "Waste and Repair," Chloroform under "Anæsthetics," etc. "THE UNITED STATES MEDICAL INVESTIGATOR" is in my judgment incomparably superior to any other Homœopathic journal it has ever been my pleasure to examine critically, and I want to be placed on your permanent subscription list."

W. W. SWITZER.

Progress of the Medical Sciences.

Sabadilla in Measles.—Dr. Fornias directs attention to Sabadilla as a neglected remedy in measles.—*H. M.*

The Coccus Dyspepsia.—Picrotoxine is recommended in various forms of dyspepsia, notably when there is severe epigastric pain aggravated by pressure or by taking food. Dr. Phillips speaks of it as being of singular service when the colon is distended with flatus, and when the bowels are constipated and the motions hard and lumpy.—*Branthwaite.*

Diabetes.—Dr. Cornillon has studied at Vichy the effects the waters have upon diabetic patients. He finds that after the fourth or fifth day sometimes even sooner, the thirst and dryness of the mouth become less troublesome, and inappreciable after the tenth day in favorable cases, and after the thirtieth day in the most obstinate. The patient passes better nights, and the sleep is calm. During this period the

urine, previously acid and light colored, has become alkaline and of a yellowish orange.—*Braithwaite*.

Diagnosis Between Capillary Bronchitis and Phthisis.—There is not unfrequently some difficulty in forming this diagnosis. The thermometer is of much use. In capillary bronchitis, I have found that the temperature does not have the afternoon, or evening rise so common in phthisis; on the contrary, the temperature is highest in the morning.—*Braithwaite*.

Caulophyllum suits tall, slender females (Phos.) who are of a dark complexion and are inclined to rheumatism (*Cimicifuga*.) Its particular affinity for the uterus is well known. Rheumatic affections of the wrist and finger joints, especially of the right hand (*Viola odor.*) Rheumatism alternating with asthmatic attacks (*Kali c.* and *Phos.*) The swelling of the finger joints is pale; pains worse every other evening and on attempting to close the hands.—*H. M.*

Veratrum viride controls and stops vomiting (other symptoms being similar) more quickly than *Bell.* or *Ipecac*, and in many cases of sick headache with or without vomiting, it has proved curative when *Sanguinaria* and other remedies have failed. Another grand sphere of its usefulness is in hæmorrhages from the nose, lungs, bowels or uterus, when the blood is dark red or when there is any nausea present. When given low this remedy acts promptly; when administered high it acts more permanently, but less actively than when low.—*H. M.*

To Pass Flexible Bougies.—Commence as for passing the rigid sound, and, pushing back the prepuce with the left thumb and forefinger, draw gently forwards the whole penis, so as to stretch the spongy portion of the urethra. Introducing the bougie with the right hand, holding it lightly with the tips of the fingers, direct its point at first along the floor to avoid the navicular fossa in the roof. After that, simply push the instrument steadily onwards. If it catch at any point, usually the floor of the bulb, use no force to push it on—that only deepens the depression in which the bougie has caught; but withdraw it a little, and roll it between the finger and thumb to disengage the point and make it, in its somewhat twisted condition, press against another side of the urethra. Should it still hitch at the same place, after two or three patient attempts, withdraw the bougie and employ one with a different point—an English one in lieu of a French one, or *vice versa*; so that the impediment which arrests one may not be struck in the same way by a point of another shape. Give the English bougie a little curve by softening it well in hot water, and then plunging it into cold water while holding the instrument in curve. Such a point can be directed along the roof of the urethra, and thus escape the pitfalls of the floor.—*British Medical Journal*.

Medical News.

A case was presented before the Societe Medicale des Hospitaux in which there were three aneurisms.—*Le Progress Medicale*.

J. R. Kippax, M. D., of Toronto, Ont., writes: "Am stirring up the brethren here to form a city society. You may expect to hear of one before long."

Progress of Homœopathy.—We shall be pleased to receive facts showing both the honor shown to Homœopathy and to any member of our great body of readers. Also any facts showing up the obstacles to the progress of Homœopathy.

Dr. W. H. Caine, the first Homœopathic physician of Stillwater, who was ever honored with any official recognition, has been elected county physician. He is one of the leading surgeons of the state, and is constantly advancing in his profession and practice.—*Minneapolis Tribune*.

New York Ophthalmic Hospital.—Report for the month ending Dec. 31, 1880: Number of prescriptions, 3,434; number of new patients, 119; number of patients resident in the hospital, 12; average daily attendance, 132; largest daily attendance, 183.

CHAS. DEADY, M. D., Resident Surgeon.

Deaths Among the Profession.—Since January 1, 1880, the Homœopathic profession in the United States has lost ninety-two of its members by death, and of these ninety-two, only six were insured in our company," the Homœopathic Mutual! Moral: If you want to live long and be happy, take out a policy in the Homœopathic.

Belittling Homœopathy.—In reviewing a Homœopathic work, a Homœopathic journal says: "This is a handy little volume, but aside from the indications for Homœopathic remedies, we cannot see wherein it excels," etc. How would it sound if we should say that aside from Hahnemann College being Homœopathic we cannot see wherein it excels Rush? How would the reader feel if it was said of him, "aside from being a Homœopath we cannot see wherein he excels Drs. — Allopaths?" Because you are a Homœopath therefore you excel. You are all that an Allopath is and more. Homœopathy Excelsior!

The Illinois Homœopathic Medical Association will hold a very important meeting next May. Every member and every Illinois Homœopathic physician should feel a deep interest and aid the various committees. "I would call the attention of the profession in Illinois, and especially the members of the Illinois Homœopathic Medical Association and members of the committee on clinical medi-

cine, that as this committee and that of materia medica are the distinctive committees of our Association and the field for showing the superiority of our system of practice, that it is very desirable that they should give us the cream of their experience, and help to make such solid records of our triumphs that all would have been glad to have gone to Galesburg. Gentlemen, please send a paper if you can't come."

H. N. KEEFER, Chairman Com. Clin. Med.

Unexpected Honors.—Dr. Dowling has become historical. "Mr. Augustin Daly has received an unexpected addition to his little colony of Nautch dancers and jugglers, who arrived a few weeks ago from Hindostan. The addition was made at 11:30 on New Year's evening, when a baby was born who hereafter will call Oomdat, the twelve-year-old bride of Abboolally, 'mother,' or whatever the equivalent in Hindostan may be for that term of relationship and affection. Oomdat is the fairest of the Nautch dancers who are under contract to Mr. Daly. Mr. Daly's family physician, Dr. J. W. Dowling, assisted by Dr. Swift, his colleague, were present at the birth of the boy, which must become historical, from the fact that the young Abboolally, who weighs four pounds and four ounces, is the first Hindoo child born on American soil. Mother and child are doing well." Will Dr. Dowling, or his expert assistant, Dr. Swift, give us the particulars—length, breadth and thickness? Was the labor rapid and painless?

Its a Disgrace to Homœopaths.—"Just been out on the road (rail-road) and wanted some Nux, went to a Homœopathic doctor who was out, then went to a drug store and inquired for the remedy. Was given a small vial (two drachms) for twenty-five cents (outrageous price), the druggist remarking with a curl of the lip, "I can give you something that will do you more good than that." It made me mad, (Nux symptom). I know Nux and although it was marked 8x, and prepared according to Polly Gots, page so and so, still it tasted like basswood and done no more good. Its a disgrace to Homœopaths thus to put themselves into the hands of their sworn enemies like that. Never can advance Homœopathy that way. Seems to me it would be an easy thing for Homœopathic physicians to have some one in their office and medicines convenient so that anyone could get a remedy—a reliable remedy—when they wanted it. Seems to me Homœopathic physicians are not as wideawake as they used to be. It's a fact! The views of this layman deserve attention.

Detroit News.—The College of Physicians and Surgeons of Michigan has just been characterized by a visiting member of the craft, as "the best society he ever had met in his travels." It meets weekly, and includes in its membership about all the best material within reach, working unitedly for the cause. They are running a dispensary with eye and ear, throat and lung, surgical and general clinic, attended by different fellows of the college in rotation in the general clinics, and

by Drs. McGuire, McLaren and Gilchrist, as specialists. The time at the meetings is *entirely* devoted to the discussion of papers and scientific work. At the annual meeting, January 3, 1881, the following officers were elected: President, Dr. C. C. Miller; Vice-President, Dr. R. C. Olin; Recorder, Dr. J. G. Gilchrist; Corresponding Secretary, Dr. W. R. McLaren; Treasurer, Dr. J. D. Craig; Curator, Dr. E. P. Gaylord; Executive Committee, Drs. D. J. McGuire, J. D. Craig, and Phil Porter; Delegate to the American Institute, Dr. Phil Porter; to the Western Academy, Dr. J. D. Craig; to the State Society, Dr. McLaren. The rooms are at No. 174 Randolph St., open daily from 11 to 1, Sundays included, when visiting doctors will be gladly welcomed, and where they will find all the journals on the table. We meet on Monday nights.

MEDICUS.

The Next Meeting of the American Institute of Homœopathy.—Prof. Dowling, of New York, president of the Institute, and chairman of the executive committee, to whom was referred arrangements for the time and place of the next meeting, announces that it will be held at Brighton Beach Hotel, commencing June 14th, and lasting four days. Brighton Beach is located directly upon the ocean, within a few miles of the City of New York. The hotel, which is one of the grandest in the world, is kept by James Breslin, Esq., well known to the traveling public as the former proprietor of the Grand Union Hotel at Saratoga Springs, and at present proprietor of the Gilsey House, New York. Mr. Breslin pledges himself to do all within his power to make the stay of the members as pleasant as possible. Should he be lacking in sleeping accommodations for all of the large number expected to attend, provision will be made for them to lodge at the Manhattan Beach Hotel, distant but half a mile, and connected by a railway along the beach. He has dining accommodations for 1,200. A banquet will be given to the members of the Institute and their friends, who may be present, and arrangements will probably be made for an excursion (with supper on board the boat) through the bay and East river via Hell Gate, the seat of the celebrated submarine blast, which shook the entire island of New York, a few years ago, to the Homœopathic Hospital on Ward's Island. Those proposing to attend the International Congress, which meets in London on July 11th, will have ample time for the voyage after the adjournment of the Institute. The president trusts and believes that this will be the largest and one of the most interesting meetings of the American Institute of Homœopathy ever held.

The Homœopathic Insane Asylum.—At the annual meeting of the trustees of the N. Y. S. Homœopathic Asylum for the Insane was held December 9th. The officers of last year were unanimously re-elected as follows: President, Fletcher Harper; Vice-President, Grinnell Burt; Secretary, M. D. Stivers; Treasurer, U. T. Hayes.

The report of medical superintendent, Dr. Selden H. Talcott, showed that the rate of recoveries of the insane was larger last year

than ever before in the history of the institution and the death rate lower. The rate of cures was 46.56 per cent. and of deaths 4.18 per cent. In all 311 different patients were treated during the year, of whom 164 were in the Asylum at the beginning and 180 at the close, Oct. 1, 1880. The number admitted was 147, and the number discharged or dying 131. The number discharged cured was sixty-one, improved twenty-four, unimproved thirty-three, deaths thirteen. The largest number present at any one time was 199.

The means employed to effect cures were the same as have heretofore been used in the institution. First, every effort is made to restore patients to bodily health and strength, which is in most cases a necessity. Rest, quiet, exercise, employment, amusement, are each and all used where they will be beneficial in the work of restoring the insane to mental and bodily health. Homœopathic treatment, of course, is the rule where medicine is necessary. Good nourishing food is one of the main reliances of the management. The male patients have been employed mostly in gardening and other light work on the grounds, while the women have done most of the plain sewing of the institution.

The superintendent discusses at considerable length and very fairly and sensibly the much mooted question of restraint or non-restraint. While condemning it as a general treatment he regards it as a necessity in exceptional cases and then he prefers restraint to the use of stupefying methods that are used in its stead in some institutions. He mentions one case where an insane woman was only prevented from sticking herself with pins and needles by covering her hands with light canvas until the mania passed away. A male patient was treated in the same way to prevent him from pushing his thumbs into his eye sockets which he said the Lord commanded him to do. Another patient had to be put into restraint to defeat the most persistent and varied attempts at suicide that could be imagined. Restraint is used only to prevent suicide and mutilation and then with the greatest care.

Dr. C. Spencer Kinney, who has been connected with the institution for some time, has been appointed second assistant physician in place of Dr. N. Emmons Paine, who resigned on account of failing health and has gone to Europe. Dr. W. M. Butler remains the first assistant physician, and Miss Horton the female assistant, and Mr. John Cochrad the steward.

The trustees report to the legislature of the trust confided to their care is a very satisfactory one. The third building, known as pavilion No. 2, which has been in progress for a year or more, will be completed by the 1st of March next, and at a cost within the appropriation of \$150,000, which the state gave for it. An appropriation of \$8,000 is asked to furnish it and make it ready for occupancy. By finishing the garret, which is not usually done in such buildings, its capacity has been increased 25 per cent. over pavilion No. 2, and it will accommodate 175 patients. There are many now waiting to enter the asylum whose applications have heretofore been refused for want of room.

The treasurer's report again for the third time shows a surplus of earnings over expenses, which relieves the state from the necessity of appropriating money for its maintenance.

The institution has been lately visited by Miss Sarah Carpenter, of the State Board of Charities, and by Dr. John Ordronaux, State Commissioner in Lunacy.

The state of New York, the county of Orange, and the village of Middletown have reason to be proud of the Homœopathic Asylum.—*Daily Press*. (So say we all.)

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Children's Department.

*THE INSANITY OF CHILDREN—HEREDITARY
AND OTHER CAUSES.*

BY J. MARTINE KERSHAW, M. D., PROFESSOR OF DISEASES OF
THE BRAIN, SPINE, AND GENERAL NERVOUS SYSTEM IN
THE ST. LOUIS COLLEGE OF HOMOEOPATHIC PHYS-
ICIANS AND SURGEONS.

Insanity as affecting the adult is but too common affection of the age; but mental alienation, observed in children is much more rarely noticed. I wish to call attention to a few cases and to their causes. * Dr. Maudsley quotes from Prichard as follows: "In the spring of 1827 Dr. Prichard was called to see the daughter of a farmer, in some members of whose family insanity existed. She was a little girl, aged seven, and was described as having been quick at apprehen-

*Physiology and Pathology of Mind.

ion, lively, affectionate and intelligent. A great change, however, and much for the worse, took place in her conduct. She became rude, vulgar, abrupt and perfectly unmanageable; doing no work, and if rebuked, very abusive and extremely passionate. Her appetite was perverted so that she preferred raw vegetables to her proper food, and she would sleep on the cold and wet ground rather than upon her bed. Her parents had no control over her, and she was persistently cruel to her sisters, pinching them when she could do so without being observed. * * * At this time she had taken to eating her own fæces, and to drink her urine, and she would swear like a fish-woman and destroy everything within her reach; yet she was fully conscious of everything she did and appeared to know well that she had done wrong. * * Among her pleasures was that of dirtying herself as frequently as she had clean clothes; indeed she rarely passed her excrements in the proper place, but reserved them for the carpet of the sitting room, or for her clean clothes. At other times she was so far conscious of her situation as to cry bitterly, and express her fears that she would become like her aunt, who was a maniac. In addition to all these indications she had stolen everything which she thought would be cared for, and either hid or destroyed it, and swore in language which it is difficult to imagine that such a child could ever have heard. She recovered in two months. Here was a clear case of the insanity of childhood. The terrible change from the bright, affectionate little girl of seven years, to the morally depraved and degraded creature, might have been regarded as simple perversity and wickedness, but any one acquainted with this class of affections could scarcely make a mistake of the kind. As stated above there was a family history of insanity.

A bright, handsome little boy of only seven years of age, naturally amiable and pleasant, was subject at uncertain intervals, to attacks of screaming, crying, swearing and fighting which usually lasted several hours. He was sullen, morose and malicious at such times, and completely changed from his usual habit as can be imagined. Neither kind-

ness, persuasion, nor the severest punishment had any effect upon the child. The administration of Hyoscyamus helped the case at once and in a short time his attacks had ceased, and his manner had become uniformly quiet and peaceful. No trace of insanity in the family, but that of ungovernable temper, alcoholism, and strong sexual propensity on the part of one parent. There was some adhesion of the mucous membrane of the foreskin of the penis to the glans in this case. This was partially broken up, but not entirely. A number of cases with reflex symptoms, due to phymosis, have come under my observations, and one was a case of insanity. This boy was six years of age, and was subject to paroxysms of violent, maniacal excitement, during which he attacked with the utmost fury any one within his reach. So violent was he during these attacks that it required several persons to hold him. That he was quite unconscious of his acts during these paroxysms, no one who observed him could doubt. His mother was frequently seriously injured by him about the face and body, and once he was caught in the act of striking her with an axe—he creeping up stealthily behind her back to accomplish his purpose. There was a complete phymosis, with adhesion of the mucous membrane to the glans. There was also evidence of sexual irritation, there being frequent and persistent erections. I advised circumcision in this case but the parents would not listen to the proposition and I lost sight of the child. Now in the several cases just related the subjects were under fourteen years of age. A few years ago insanity in a child was seldom observed, now cases of the kind are not unfrequently seen. As civilization advances, sick headaches, neuralgia, hysteria, epilepsy and other nervous affections will increase. To have any one of these affections means that the subject *may* have a paroxysm of insanity at any time. Nervous diseases frequently interchange and one may take the place of the other, either temporarily or permanently. I have been frequently surprised to see how many cases of sick headache there are among children. There are numerous cases of maliciousness, wickedness and precocity of disposition, so nearly allied to

insanity, that it requires considerable judgment to distinguish between the two conditions. Numbers of children are punished when they are really subjects for medical treatment. No amount of punishment does any good in the cases just cited, and naturally enough for there can scarcely be anything more abused than to suppose that one can be whipped into a condition of health. I call to mind a number of cases in which the irregularity of disposition and perversity of conduct were due to mental change, and Madusley cites several well marked cases. Inherited predisposition should be taken into consideration in diagnosing a case presenting symptoms similar to those above noted. Phymosis, or even simple adhesions of the mucous membrane with the surrounding tissues will cause a marked change in the disposition and many of the general symptoms observed in the cases narrated in the paper. Circumcision should be performed in cases of contraction or adhesions. In one case subjects to violent paroxysms of ill-temper the entire trouble was due to ascarides—the local irritation affecting the emotional faculties to the extraordinary degree mentioned. Now the point I wish to raise is, that the reasoning faculties of children being developed to only a limited degree we are not likely to observe the varied forms of insanity to the same extent as in adults, and farther the insanity of children is commonly manifested by pretty much the same group of symptoms as noted in the cases reported in this paper. Such being the case the inherited insanity should be treated early, because the child's brain being more impressible and susceptible to the action of drugs, there is more to be hoped for as regards curing the case than if the subject grows to maturity. If there is any local trouble, such as ascarides or genital irritation they should be removed; as, what may be only a temporary brain trouble, may become permanent insanity. I have been led to make these remarks, because within the last year at least a dozen cases of children with such strongly marked peculiarities as to place them under the head of insanity have come under my observation, and yet, because they were not raving maniacs, they were simply let alone, as far as treat-

ment was concerned, but cruelly and continually punished for what they were quite irresponsible. They were born under "*the tyranny of a bad organization*" and should be treated as carefully as the most violent and dangerous of acute diseases, for although not immediately dangerous to life, there is a strong probability that the little one's mind, will, sooner or later become a great barren mental waste.

FOOD FOR CHILDREN.

PUBLIC INSTITUTIONS—AN ERUPTION FROM MAL-NUTRITION.

As I know you are interested in children, I venture to write. First, in regard to the children at the House of the Good Shepherd, Utica, N. Y. The house was founded for the reception of homeless children, or those whose parents are not able to support them, and they are of course from the poorest classes. It was intended to accommodate about forty children, but contains now fifty, one or two varying in age from a few months to thirteen or fourteen years, the larger number being from one to seven or eight years. The house is exposed on all sides and is very difficult to keep warm. The children are nearly all in good flesh but are rather pale, and complain of being chilly, and it is very difficult to get them out-of-doors to play. The House Mother is much exercised about an eruption which has shown itself for one or two winters and is appearing again; it is situated mostly on the hands and feet and on the face; it commences with a pustule, which dries into a hard, reddish scab, or into a kind of crummy crust, with a red areola. It seems to give but little pain or inconvenience, unless it is subjected to pressure; otherwise the children are quite healthy, though rather liable to colds. It seems to me that the eruption is a result of bad nutrition, and what I want advice about is in regard to a proper system of diet; they

have plenty of white bread and milk, meat once a day, oatmeal, Indian meal, etc. The fault, if there must be in the system of using. What do you think? Would it be too much trouble to give me an account of the system used in the Half Orphan Asylum of which you have charge? I believe it is composed of children of about the same age as those of the Good Shepherd. Do they have any such trouble?

There has been very little sickness at the Home during the past year, in fact the whole city has been discouragingly healthy, the death rate being 110 less than the year before.

C. E. CHASE.

DIET AT THE CHICAGO HALF ORPHAN ASYLUM.

To answer this we addressed the following: Dr. S. P. Hedges, as your institution is a somewhat similar one, will you please to give the diet used at the Half Orphan Asylum from day to day, and oblige,

Yours truly, T. C. DUNCAN.

DEAR DOCTOR:—I enclose reply received from matron. You can arrange the "menu" as your taste dictates. It is good for children though, sure. That's "How to be Plump." Eh?

HEDGES.

Dear Sir:—In reply to your note of inquiry respecting our dietary, will state, that I have no set system for each day, but vary the food to suit the season, the health of the children, or convenience of the family.

Dinner is the principal meal. We have a vegetable soup once or twice a week. Pork and beans or beef and beans once a week in cold weather, stewed or roast beef, or mutton, with vegetables. Sometimes vegetables with corned beef are much relished. Hominy and rice are also used, and plain bread or rice pudding.

Breakfast consists of tea—because I advocate a warm drink with the first meal—bread, potatoes, mush and sometimes hash.

Supper.—The evening meal, milk, bread, oatmeal, or corn mush, and in winter, corn bread once a week. Ginger bread

is also very popular; fruit was freely used in the early part of the winter. We make good bread and pure milk a specialty, considering it of the utmost importance to health.

Yours very respectfully,

MRS. M. J. PORTER, Matron.

A TRAUMATIC CASE.

I would like you to recommend a remedy for another case which troubles me a little on account of the uneasiness of the parents. A very bright and active four-year old boy, accidentally received quite a severe blow in the pit of the stomach from a hollow rubber ball; he complained somewhat of pain and soreness there for two or three days when his back began to be troublesome; he had constant inclination to stool, consisting mostly of whitish, slimy mucus, once or twice pink, frequently involuntary, worse from taking the least food or drink. Arnica 30 did no good apparently. Arsenicum 200 seemed to help him, but as soon as he stopped taking it, he grew worse again. Aloes did no good; Nux helped somewhat. He plays around the house all day and his appetite and general condition have improved. He is rather restless at night, and still has frequent desire; worse after eating or drinking. He passes very little at a time, sometimes nothing at all. I think there is no doubt about its being caused by the blow, though his father can't believe it. Have you ever had such a case?

WILL BEET SUGAR PRODUCE VOMITING AND DIARRHŒA?

In the Faxon Home for Old Ladies, forty-one inmates, beet sugar has been used since Christmas and a number of the old ladies within the last two weeks have been attacked as above with more or less severe crampy pains in the bowels and limbs; I can find no other adequate cause unless it is beet sugar.

C. E. CHASE.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

AUBURN, Cal., January 7.—Principle diseases at present pneumonia and mining accidents. The first yields readily to Aconite 3x, Bryonia 3x and Phos. 3x as indicated. The second to Aconite 3x, Arnica 3x and Calendula 2x in water as an external application.

A. D. RISDON.

MONROE CITY, Mo., Jan. 22.—General health good, are having an epidemic of measles of a severe type, characterized by hard cough, chills, and fever in the premonitory stages. Bryonia 3x is the indicated remedy and brings out the eruption well. When the patient is well cared for this is all that is required, but from exposure to our cold, damp winds, Drosera or Pulsatilla may be called for. Had a case of bronchitis complicated with whooping cough; that with use of the most closely affiliated remedies, such as Aconite, Bryonia, Ignatia, Arsenicum, etc., which all seemed to relieve somewhat, but the child got very low, but rallied and recovered fully under Lycopodium 30x. Symptoms prescribed for: Trembling of alæ nasi on breathing; scanty high colored urine; worse from 4 to 8 P. M.; "some spots on cheeks," later a sandy deposit in urine; scalding. I wish to call the attention of the medical classes who graduate to the fine openings in this state for men of pluck. You will be well received.

C. C. WAKEFIELD.

Gonorrhœa and Granular Urethritis.—Dr. Eldridge gives details of some cases of gonorrhœa and granular urethritis which he has treated by Ergotin locally, with marked success. The remedy may be introduced into the urethra either by means of the ointment syringe or rubbed into the meshes of a cylindrical hollow lamp-wick, which is supported by a small bougie passed into its centre, this swab being allowed to remain in the urethra for about half an hour.—*New York Medical Journal.*

[The Bulb Urethral Suppository of Ergotine is a convenient form of application.]

IS DIPHTHERIA CONTAGIOUS AS SMALL-POX AND SCARLATINA?

A. C. HOLLINGER, M. D., BRINTON, UTAH.

I don't think it is in the same sense. I will give my reasons, as facts sometimes upset theories. In this mountain country, where the winds come down the canons, or mountain gorges, the disease generally follows the course of those winds, spreading out after reaching the valleys, somewhat in the shape of a fan partly opened. Thus when one place has a heavy wind another near by will be almost a calm, sometimes within one-half mile. Every canon has its own current unless in a heavy storm. The above will do for a starting point.

The first season that we had to deal with the disease was in the fall of 1875. There was a strip of country about four miles long, varying from one-half to one and one-half miles wide, along the base of the mountain north and south. In that space I met 135 cases. On the same line north there were a few cases, in some of the Bishop's wards, on the east part of Salt Lake City. Not one came to my knowledge west of that line. The valley is about twenty-five miles wide east and west where the disease first made its appearance. There was a distance of about six miles of settled country between the city and Cottonwood. Not one case occurred between the two places that autumn. My theory is the poisoned current of air raised and skipped that section of country lying between the two places, dropped on those eastwards, took its flight north to Cache Valley, distance about 100 miles, where the inhabitants suffered considerably from the disease. No case came to my knowledge between these last named places. There are four or five cities between them.

The second year it came down Mill Creek Canon, skipping a small settlement just at the mouth of the same. Down the stream west about two miles it broke out in four families at the same time, taking away two out of each of the families, three out of another, and seven out of another.

It travelled west to the State Road, a distance of about three miles from where it first broke out, said road turns north and south. It extended about five miles along said road in the shape of a fan from where it first started, then it lost itself. My opinion is that a current from the north and the poisoned air from the east met at that point and that they mutually repelled each other. The next we hear of the disease it broke out in Bingham Canon, south-west, distance about sixteen miles, skipping quite a settlement for the most of that distance. Not a case came to my knowledge between the two places. Bingham Canon is a mining camp and is settled the full length of the canon. The disease spread the full length of the same.

There is another part of the subject that presents itself for consideration. In the above districts, during the summer and fall of the year, the chickens died with diphtheria, sometime previous to its development amongst children. They had a fever for about three days, would dump around for about five days, then die. Their combs and gills would turn black, a white, diphtheritic membrane form on their tonsils, breath smelt the same as a human with the disease. On what principle can you account for that unless you attribute it to breathing air charged with the poison?

There ~~was~~ one family that gathered up their dead chickens, made a fire in an out-door stove, threw them in to burn out the spooks, or witches. Inside of three weeks four of that family of children came down with the disease, about 9 o'clock, P. M., and two the next morning. They all stood over the stove to see them burned and no doubt breathed the poison fumes from the carcasses, which set up the disease in the family. My idea is this, the poison is inhaled from the atmosphere into the system. There it lays in a latent state until some other favorable condition presents for its full development. When that condition arises it is developed with all its terrors—instance the above family. As a rule most of a family of children are playing around the door-yard, under the mother's eye, all will be probably exposed at the same time to the poison current, and all become affected. When

once developed in one case, I think it acts as an exciting cause to develop it in the rest of a family. I treated two families fifteen miles away from any other place where the disease had been. There were three families living within eighty rods, they went and helped to nurse and take care of the sick, not a case was developed around that section. Now if it had been as contagious as small-pox would it not have been spread farther and wider? I think it would. I don't think the kindling wood was there to be set on fire.

About six miles east, the next season, Draperville, a place with some 300 or 400 inhabitants, was visited by the disease. I have been informed that they lost about sixty cases. None of the other settlements around had the disease that season.

As to the question of water I don't think it can proceed from that cause, or it would be more universally spread over the country at the same time. In the first place canals are dug that divert the mountain streams from their channels that carry water to each home for culinary and irrigation purposes. Purer water I do not think can be found. The water used has its source in the tops of the mountains where there is perpetual snow. In some places amongst granite and lime rock formation it goes tumbling, dashing and foaming, down over precipices. In fact it is almost one sheet of white foam from its source to the mouth of the canons where it enters the canals. It comes to us nice, cool, and clear as crystal. These canals pass through affected districts, not a case above or below certain lines, but all use water from the same canal. To me this appears conclusive that it cannot come from that source here. In the cities some of the wards suffered terribly, whilst others were comparatively free from it. Not so with the contagion of small-pox and scarlet fever. When they make their appearance, scarlatina and measles particularly, they spread almost universally. Now if we admit that the air travels in waves, as does the ocean, how easy it is to account for its striking certain localities, and then raising to strike some other place, perhaps miles away. Another reason I think it not contagious, I have never had it

follow me in visiting my other patients afflicted with other diseases. Wherever I practiced in families it was always there before I was called. I never changed my clothing on that account. Now if it had been contagious as the other three diseases, I would have most likely spread it over the entire country. I wish to give the above facts to the medical world believing it a duty.

I think if you can quarantine the wind, you can arrest diphtheria.

WESTERN TEXAS AS A HEALTH RESORT.

Western Texas as a health resort for invalids afflicted with diseases of the air-passages, has always and will always justly claim for its climate, one by far surpassing Italy, California, Colorado or any other country under the living sun, in the healthfulness and purity of the atmosphere and in the benefit derived by invalids suffering from acute or chronic diseases of the air-passages, especially pulmonary consumption.

Time and space will not permit me to make anything more than a hasty review of a case in our midst, illustrating the wonderful changes and effects which nature has in this climate wrought upon the constitution of man.

A short sketch from what is known of the life of Dr. Mortimer Slocum, one of the old and much esteemed citizens of this place, will undoubtedly interest many of your readers.

About twenty years ago, Dr. Slocum was a resident of Chicago, Ill. He was then practicing Homœopathy in that city. He had a steadily-increasing practice, and as time flew by, he became the son-in-law of Dr. Smith, who was about the first doctor to unfurl the banner of Homœopathy in the west. He afterward formed a partnership with Dr. A. E. Small, a celebrated Homœopath of Chicago, and they

were soon doing the leading business of that city. Dr. Slocum's health, however, gave way, and he was soon afflicted with severe hæmorrhages. He saw at once that he would be obliged to give up his practice and seek a more genial climate, therefore he went to New Orleans, La. After remaining two winters there, without much improvement, he returned to Chicago.

In Chicago, however, he grew worse so rapidly that it was feared he would not live from one month to another. As a last resort he bid farewell to his friends and departed for San Antonio, Texas, which was then quite a journey from Chicago. A short time after he arrived here he received an offer from the Life Insurance Company in which he was insured, to compromise with him, as no one expected him to live. He accepted the compromise, received \$1,500 in gold for his policy, and determined to live.

He was at this time, and long after, only able to walk about 100 yards at a time, and after resting a while, would continue his walk. I have heard it stated by himself and others that he has frequently been tracked along the pavement by the blood that flowed from his lungs as he walked along.

Such was the condition of this gentleman upon his arrival in San Antonio some twenty years ago; but with the advantages of this magnificent climate, assisted by careful and judicious Homœopathic treatment he steadily improved until freed from the inroads of that fearful disease.

He is at the present time the picture of health, and is living on a high hill just seven miles west, which overlooks this city, where he can still enjoy the delightful breezes and balmy air to which he owes his life.

HINTS TO INVALIDS.

One great mistake that seems to prevail generally amongst invalids, is that they think they must go home as soon as the summer season sets in; that it will not only do them no good to remain here, but it will debilitate and further weaken their exhausted frames. I have examined this mat-

ter thoroughly, and while I find that it is better for invalids to come here during the fall or early spring; yet the greatest benefit that they derive from this climate is during the spring and summer months; and the best and most remarkable cures that I have found were of those who remained here both summer and winter.

Another difficulty that exists among a certain class of invalids is, that it is impossible to explain the necessity sufficiently for them to take the advice of their physicians, to leave their crowded and poorly ventilated city quarters for good and healthy locations outside of the city. If they do leave, it is generally only for a few days and then returning, as they do, from the purest of atmospheres—our country air—to the impure air of close rooms, in probably some crowded and dusty portion of the city, they are then really worse off than if they had never gone outside of the city, and it is this class of invalids who are not benefitted in this climate, and who should lay the whole blame at their own doors.

Suitable accommodations can be obtained here in the city, but after February the weather is pleasant enough to go to the country, and there with good diet, comfortable quarters, healthy exercise in the pure country air, unrestrained by etiquette or fashion, “roughing it” in such a way as will eventually restore all those to health who will follow this advice, if their coming here has not been delayed into the last stages of the disease.

J. JONES.

SAN ANTONIO, Texas.

DIFFERENTIAL DIAGNOSIS OF DIPHTHERIA.

BY F. F. CASSEDAY, PH. B., M. D., STEVENS POINT, WIS.

For the past few months I have been greatly interested in the articles on diphtheria which have appeared in this journal, and at the same time I have been amused at the ex-

hibition of spleen on the part of some of the brethren in the defense of their pet measures or remedies for the alleviation or cure of the disease. There is no occasion to find fault with the belief of these men, for their conclusions were drawn from (to them) real premises, and are therefore probably as near the exact truth as they are capable of arriving. That question is, however, foreign to the subject in hand. Many writers in discussing the treatment, types and fatality of the disease seem to lose sight of the fact that any given disease, in two places under different climatic, atmospheric or local conditions, is to all intents and purposes two distinct forms or expressions of disease, and that being true these different phases of disease demand individual consideration.

To make my meaning more clear, suppose that Dr. Alpha residing in Boston, finds that diphtheria for a certain period presents a certain well-defined train of symptoms, and in a majority of his cases recovery follows the exhibition of a certain remedy. Now if he, reasoning from analogy, immediately concludes that Dr. Beta residing in New York or Chicago, will meet with the same success under apparently the same conditions, nine chances to one the latter gentleman will make a complete failure with the remedy, besides holding to the private opinion that Dr. A. is a liar. This may seem a trifle overdrawn at first thought, but I am persuaded that every physician of any experience can recall hundreds of cases, where the same disease, in towns separated by a few miles, has exhibited the most marked diversity. Let us all then show a little more consideration for the opinions of each other, especially when these opinions are the result of experience. To prove this let us make a few extracts:

In this section of the country, central Wisconsin, during the past six months, diphtheria has been very prevalent. The disease has been almost invariably of a severe type and the fatal cases have been in almost every instance due to croup. On the other hand, Dr. Stout, of Parkersburg, Iowa, gives a report of seventy-two cases occurring in his

practice* during the ten months prior to Nov. 13, 1880, and although *twenty-four* of this number or $33\frac{1}{3}$ per cent. died, *not a single case of croup occurred*. Of the twenty-four deaths, seventeen or nearly 71 per cent. were due to blood poisoning. These examples might be multiplied indefinitely, but the above will suffice.

In addition to the modifying influence of locality, the question of an accurate diagnosis has an important bearing, when we come to consider the remedies and measures advocated in the journals of to-day. Dr. "Sure-cure" and Dr. "Never-lost-a-case" are twin brothers, and when I read their startling reports in the journals, I am exceedingly skeptical in regard to the accuracy of their diagnosis. It is an unfortunate fact that there are many physicians, who in their ardent study of therapeutics, devote very little attention to diagnosis, and as a consequence their diseases overlap and run into each other, instead of being carefully differentiated. "General debility," "biliousness," and kindred terms ought to be laid on the shelf, they may answer for the laity but not for educated physicians in the nineteenth century. Where a physician reports cases of diphtheria cured with a certain remedy, he must be certain beyond a reasonable doubt that it is a case of diphtheria, and not one of half a dozen diseases which diphtheria resembles. Anything short of this is an imposition upon the credulity of the profession. An example of such inaccurate reports is seen in the so-called abortive treatment of typhoid fever; cases cured in a few days under a given remedy and reported with great *eclat*. Now the objection to such cases lies in the fact that the premonitory and primary symptoms of nearly all acute, inflammatory or febrile diseases resemble each other so closely that an exact diagnosis is impossible in many cases until the disease is well defined. How then can we assert that a disease has been established and aborted before its characteristics have been fully defined? I give it up.

Diphtheria may be confounded with (1). Ulcerative stomatitis; (2). Simple pharyngitis; (3). Gangrene of the

* Medical and Surgical Reporter Vol. XLIII., p. 425, 1880.

mouth; (4). Acute tonsillitis or quinsy; (5). Erysipelas of the fauces; (6). Membranous croup, and (7), scarlet fever.

1. In simple pharyngitis masses of mucous often collect on the inflamed membrane; but it can be easily removed, and a close inspection reveals the exact nature of the disease.

2. Ulcerative stomatitis is very like the pseudo membrane of diphtheria and is distinguished from it by the sloughing and the excavation left in the membrane. In this affection there is headache, a feeling of extreme lassitude, fever, aching, of the limbs, and backache. It yields rapidly to treatment and the patient is around in four or five days. Very many cases of this disease are reported as "mild cases of diphtheria," or "diphtheritic sore throat." Every epidemic of diphtheria is accompanied by a large number of cases of ulcerated sore throat or stomatitis, and they all pass for diphtheria among a certain class of physicians, who, through ignorance, or stupidity, or both take such means to achieve a cheap notoriety, and to impress the public with the profundity of their wisdom.

3. *Gangrene* of the mouth also is distinguished from diphtheria by the ulceration or sloughing. A careful examination is always necessary in gangrene, as there is extreme fetor of the breath.

4. In *tonsillitis* small yellowish or white points are seen at the opening of the follicles on the swollen tonsils. These points are isolated, do not spread and when the white specs are thrown off the ulceration can be seen on the gland. Should any doubt exist as to the nature of the white masses the microscope will solve the difficulty, for Senator has shown us that these white masses are composed largely of epithelium, while on the other hand the diphtheritic membrane is composed mainly of fibrillated fibrine, granular corpuscles, and pus.

5. *Erysipelas of the fauces* has many points of resemblance to diphtheria, but differs from it in (a) having difficulty of deglutition from the onset, (b) in not being attended by enlargement of the glands of the neck, and (c) there being

no false membrane. Epidemics of this disease bear a striking resemblance to diphtheria and a careful discrimination is necessary.

6. Croup differs from diphtheria (*a*) in being a purely local disease. (*b*). An affection of the windpipe is not an essential element of diphtheria. (*c*). Pseudo membranous angina (Diphtheria) affects primarily the throat, and may extend to the windpipe; pseudo membranous croup affects primarily the windpipe; and may extend to the throat. (*d*) Croup is not contagious. These remarks refer of course to idiopathic croup. As regards the identity or non-identity of croup and diphtheria I am as yet undecided. Jacobi in his recent work on diphtheria, speaking of the supposed difference between croup and diphtheria, after giving Virchow's views, says: "The American profession has been greatly influenced by two text books—those of Niemeyer and Vogel, in regard to this supposed difference. To say that the only difference between the two forms of disease, which unfortunately had different names, consists in the fact that the morbid process in the one is found on the surface, in the other a little below the surface, while it is admitted that the histological condition is the same, speaks for an exaggerated tendency to classify and subdivide. It is just these chapters on croup and diphtheria in these text books which leave more to desire than any other."

7. In scarlet fever the exudation in the throat is pultaceous, is not coherent, and shows no tendency to spread to respiratory passages. In diphtheria albuminuria is generally concomitant, in scarlet fever rather a sequel.

Remarks.—The abatement of fever, or a low temperature is generally considered a highly favorable sign. This is erroneous, and recent authors all unite in the opinion that the fever in diphtheria is not always high, it is sometimes even low in bad septic cases. Jacobi, who had probably seen more cases of the disease than any one man in this country, asserts that "the height of the fever is not in proportion to the danger in individual cases."

Dr. Hoffman's paper upon malignant diphtheria in *THE*

INVESTIGATOR of Jan. 15th is an able one, but in regard to his condemnation of topical applications I would take exception. I am free to admit that in a majority of cases local treatment is unnecessary, but in cases where the exudation is so abundant as to endanger life by asphyxia, removal of that exudation is indicated. The exudation is poisonous matter and should be thrown off. If it lies on the mucous membrane will not some of the septic matter be carried back to the blood through the lungs during inflammation? There is no doubt of it. Is it not also reasonable to suppose that, the walls of the pharynx, velum palati, and tonsils being covered with exudation, the poisonous matter seeks a more accessible place of egress and appears in the larynx, nasal cavity, stomach, etc., In other words is there not as great danger of the exudation from the presence of a large quantity of pseudo membrane as from the application of astringents. Many cases certainly give us very good grounds for such a belief. My object in such cases is to remove the membrane, not to stop the exudation. With my present light on the subject Eucalyptus seems to be one of the best remedies for local use.

ACCIDENTAL DEATH FROM TRACHEOTOMY.

During the past year I have read so many accounts of deaths from accidental asphyxia, following tracheotomy in croup and diphtheria that I deem it proper to suggest a remedy. Numerous lives are lost from plugging of the tube or bronchus with mucous or membrane. Such a result I think can almost invariably be avoided. Croup and diphtheria are both serious diseases and when life becomes so imperilled by them as to demand the tracheal aperture the dangers of the case should not be enhanced by affording opportunities for accident.

After tracheotomy in a great majority of instances the patient is consigned to the care of any nurse that can conve-

niently be found; a nurse having no knowledge of the anatomy of the trachea or the mechanism of respiration. In case the tube becomes plugged or evidence of asphyxia appear, through obstructions in the trachea, the nurse becomes as soon excited as anybody, and contributes as much to the general confusion, whereas if the case were entrusted to a doctor, or well advanced student the obstruction could promptly be removed by the suction apparatus and life maintained. I therefore suggest the propriety, nay the absolute necessity of placing such cases under the watchful care of some physician or student, (there is always one to be found), and thereby stop the death rate from accidental causes.

CHICAGO.

C. S. ELDRIDGE.

Materia Medica Department.

EXPERIMENTS WITH CARICA PAPAYA.

Some time ago THE UNITED STATES MEDICAL INVESTIGATOR contained an article on *Carica papaya*. To-day I received a German medical journal which contains a novel experiment, made with the sap of this fruit which I think will interest the readers of your valuable journal. Here is a translation of it: A Parisian chemist, Prof. Wurtz, has discovered the peculiar property of the sap of *Carica papaya* and has called the sap *Papaine*. In the *Nature*, Mr. Fred Duffenbach relates the following experiment with it: Two grammes of *Papaine* were dissolved in 200 cubic centimetres of water. In this fluid a living toad weighing fifty grammes was placed and left to herself. In two hours time it was noticed that the liquid affected the poor animal, its epidermis becoming gradually dissolved. Six hours later the muscles became affected, the posterior part of the body was

partially dissolved and the animal's movement were very weak. Five hours later a few red filaments floating about in the reddish liquid, indicated the outlines of the body. Next morning the red opalescent fluid gave no indications that the body of an amphibia, belonging to the order of Batrachia had been dissolved in it. The toad was completely dissolved.

G. S. SCHURICHT.

CACTUS EFFECTS.

A friend relates the following concerning the effects of the Cactus: (Buckthorn c.) blossom yellow with brown (like passion flower) in shape, (smells like old barn-yard), cannot bear it in house; branched shrubbed.

Baltimore oriole nibbled a small piece (one P. M.) and in fifteen minutes began to appear sick, spreading wings, sitting flat on perch, panting for breath with mouth open. Then got into the bottom of the cage, lay flat, seemed worse at times; continued to pant and grow weaker until it died during the night.

[This species of cactus seems worthy of extensive provings.—Ed.]

Intestinal Obstruction.—In administering enemata in intestinal obstruction it is not sufficient to give one injection, and, as soon as that returns, to desist. The method I adopt is to fill the intestines, as far as possible, with the fluid used as an injection again and again, even to half a dozen times if necessary, until a satisfactory action of the bowels has been induced. In giving enemata in this manner, only warm water and soap are necessary, as turpentine, etc., are likely to cause action of the bowels before sufficient time for the softening of the fæces has elapsed. Care should be taken also that the water is not too warm, or it will be speedily expelled from the bowels. I generally commence with the water 98°, and increase the temperature gradually in the later injections to 105° or 108°. The enema should be injected slowly and without the use of force.—*Medical Times and Gazette*.

Gynecological Department.

THE NEW UTERINE ELEVATOR.

In your article introducing to the profession the new uterine elevator originated by myself, you omit one very important use to which it is adapted. Doubtless most gynæcologists have met with cases of ante-version in which the os was turned backward and upwards, and so pressed into the rectum that it was almost impossible by ordinary means, to bring it into its normal position. Here the elevator can be introduced into the vagina (through the speculum if desired), and pressed upwards and backwards behind and above the os, when the latter can be readily brought down and forwards to the proper place. When the patient is lying upon her back, the uterus, except in cases where the vaginal portion is very short will lie in the concavity of the instrument as in the hollow of one's hand, and may be easily placed in any desired position. The original instrument was made for use in a case of retroflexion of long standing and of an extreme degree, and in which the sound could not be introduced, but time and experience have shown it to be useful in many other ways. For remedying retroflexion in pregnant women, it is nearly or quite indispensable, as here, of course, the sound must not be introduced.

W. P. ARMSTRONG.

LACERATED PERINEUM.

In answer to Dr. Comstock in his excellent essay on *Lacerated Perineum*, July 1st number of *THE MEDICAL INVESTIGATOR*, page 36. An ounce of prevention is worth a pound of cure. The doctor gives us 37 per cent of the whole 201 cases, 50 per cent primiparæ, 8 per cent multiparæ.

This is all very well as far as it goes. But the doctor completely ignores the fact, that this accident is unnecessary. I have practiced ten years, and never yet had a case of lacerated perineum. Why? Because I use sweet oil freely. If I arrive in time my patient must sit over a vessel of hot water four or five minutes, then apply a folded napkin or any soft cloth to the perineum saturated with sweet oil—hot if possible—much better. Sweet oil will soak into the areolar tissue rapidly, and any amount of pressure will fail to rupture. A lacerated perineum should be an exception, not an every day occurrence.

For laceration of cervix, to prevent its occurrence use a tampon of cotton saturated in warm lard or oil mixed with three drops of Bell. tincture. It is easily applied and will relieve rapidly all tension.

Just before the critical moment, carefully slip two or three fingers under the foetal head, bear steadily back toward the rectum, this rule never fails.

I object to ocular examination, it is unnecessary. Educate your fingers *to see*. If gentlemen persist in seeing, the ladies will have too much to do in obstetrics in a short time.

Mrs. B. M. D.

PUERPERAL CONVULSIONS.

BY Q. O. SUTHERLAND, M. D., JANESVILLE, WIS.

I report this case for the following reasons: The convulsions came on without any premonitory symptoms that would lead a physician to guard against them. They ceased and did not return after the administration of Chloroform. The period of unconsciousness after delivery was an unusually long one.

I was called on the evening of the seventeenth to see Mrs. M. at about 11 P. M. She complained of pain in her stomach had vomited several times and her bowels had moved four

times since dark. The discharges were copious and watery. The examination revealed the fact that she was in the eighth month of pregnancy with her first child. She had no pain in the uterine region but attributed the attack to the eating of some apples in the morning. The lady did not consider herself sick, was opposed to sending for a physician and I found her holding a lively chat with a friend. I prescribed for her, ordered quiet and the recumbent posture, and left her thinking that she would probably be all right in the morning. In about two hours a messenger came in great haste saying that Mrs. M. had fainted and was having twitching of the arms and limbs. Upon my arrival I found her unconscious, pupils contracted, hands firmly closed with thumbs turned in, jaws firmly closed and the lower limbs rigid. After my departure in the evening she had retired with her husband, and, so far as he knew, had gone to sleep. He was aroused by her convulsive movements and, when a light was brought, she was in the condition noted above. I gave Hyoscyamus and applied Camphor to the nostrils for about one moment when she went into one of the most terrible puerperal convulsions I ever witnessed. I gave Veratrum viride tinc. in three drop doses but in less than five minutes after the first convulsion ceased she passed into another even more severe than the first. I now sent for counsel, Chloroform and instruments, but before their arrival, she had six severe convulsions. Delivery was determined upon and Chloroform given. The very rigid os was dilated with the thumb and finger, nothing else being at hand, and in about forty-five minutes I was able to deliver her by podalic version, of an eight months child. Every effort was used to restore the child but it had probably died from the severity of the convulsions. The Chloroform was now withdrawn but the convulsions did not return. Considerable passive hæmorrhage followed delivery and was checked with great difficulty on account of the failure of the uterus to contract. Mrs. M. did not return to consciousness until the fifth day. The recovery was tedious. She regained strength slowly but at the end of two months was apparently well.

RETAINED PLACENTA AND ITS REMOVAL.

Was summoned in great haste on the evening of Dec. 4th to the bedside of a lady said to be dying. Before arriving at the scene of action I ascertained the case to be one of abortion, with an Allopath in attendance. Arriving at the house I at once proceeded to the patient's room and introduced myself to Mr. Allopath whom I found with blood stained hands and cuffs. I removed the pillow from under her head and asked the doctor what he had been doing. He replied that she had been in syncope, that she had lost much blood and there was retained placenta. He had been at work one and one-half hour with a pair of dressing forceps through a speculum. I suggested the removal of placenta at once to which he consented. I then requested the privilege of examining patient to which he also very pleasantly consented. I took my position on right side of patient, (he had been working left handed), and introduced my hand into the vagina and tore the placenta from its attachment in the womb and removed it. This procedure produced much suffering and was strongly dissented to by patient and family, but with all of their appeals I did not desist until I had accomplished my object. Had I complied with their request I should not have accomplished my purpose and they would not have consented to let me try again—consequently the patient would have had a long sickness and possibly have died. As it was she made a rapid recovery. Mr. Allopath was much chagrined and left the house as soon as possible and I took charge of the case.

I write this to put new beginners on their guard, and not get caught likewise. Never send for counsel in such a case, but go right in and get the placenta and your patient is safe, The after treatment is Arnica and Aconite alternately; with vaginal injections of warm water medicated with Carbolic acid.

A. L. COLE.

Veterinary Department.

At the request of many, we here open a department illustrating the efficacy of the treatment of animals with Homœopathic remedies. Any of our readers who may have facts of interest will confer a favor on many readers, interested in the treatment of animals, by sending them in.—ED.

EXPERIENCE IN TREATING HORSES.

BY H. N. GUERNSEY, M. D., PHILADELPHIA, PA.

COLIC IN THE HORSE—PULSATILLA.

A few years ago, whilst driving from house to house to visit my patients, I was detained at one place longer than usual, when my coachman sent in to tell me that one of the horses was taken suddenly ill. On going out to see what was the matter, the mare was lying flat on her belly, and suffering with a severe attack of colic. She was of a mild and gentle disposition, refused water, and was covered with cold sweat, although it was a warm summer day. From the fact of her lying so flat upon the abdomen, I interpreted, *relief from pressure, mild and gentle disposition, refused water, cold sweat all over her, female sex.* Pulsatilla 200 was then and there given upon her tongue, and in less than half an hour she rose, shook herself and there was no more trouble, although I drove to the stable, and did not take her out again till the next morning.

WOUNDED FOOT—LEDUM—HYPERICUM.

The same horse, after being newly shod, whilst being driven, the heel of one shoe caught in the pavement and tore nearly from the hoof, barely hanging by two nails at the toe, when at the next step, all the nails were forced deep into her foot. She hobbled on three feet to the nearest shop, and the

shoe was removed. I at once administered Ledum, had the foot poulticed, and kept the horse in the stable, but to no purpose. The foot did not improve, and continued so sensitive she could not put it to the ground. After some days the stablemen prognosticated lock-jaw and the death of the horse, from what they had experienced in similar cases. From the *extreme sensitiveness of the punctured wounds*, I administered Hypericum 200 with marked improvement the next day. Soon after another dose of 1m of the same remedy she was perfectly well, and has remained so ever since.

URINARY TROUBLE—LYCOPODIUM.

On one morning I was informed by the hostler that the other horse was ill, and that I had better send for a veterinary surgeon, as the horse had not been very well for a week. On asking his symptoms, I was told that before passing water he would always *spread himself upon his legs more than usual and groan, and after waiting a long time his urine would flow and stain the straw and floor quite red*. I at once gave the horse a single dose of Lycopodium 6m, and in a few days he was quite well again.

INFLUENZAL COUGH—PHOSPHORUS.

During an epidemic of influenza in Philadelphia, a few years since my horses became affected with the disorder. Their cough was fearfully severe and shaking, which seemed to exhaust them very much. Two doses of Phos. 19m speedily relieved their cough, and after a few days' rest in the stable they became quite well. Many other horses I prescribed for, the same season affected with the same disorder, always giving the high-potency and the single remedy, with the same prompt relief. I find that all animals, as well as the horse, the cow, the sheep, the hog, and the dog, including birds, are as quickly, yes, more quickly, cured with the high-potency and the single remedy than man, because they are in a more natural state. As to the dose, *it is quality and not quantity* that becomes the *business* part of all medicines, in all disorders, curable or incurable.—*Organon*.

CALENDULA IN WOUNDS.

Dr. Holland at a meeting of English Homœopathic physicians related the following interesting case:

“A horse in falling, received a penetrating wound in the knee, and he was about to be killed. The introduction of a few drops of *Calendula* into the wound soon restored the animal to a condition for work.”

RHEUMATISM IN THE HORSE.

BY E. CARLETON, JUN., M. D., NEW YORK.

Rhus toxicodendron. Two years ago last autumn, while visiting a relative in New Jersey, I was asked to excuse his inability to give me a contemplated drive over the surrounding country, on account of his horse being disabled. I became interested, and asked for particulars.

It seemed that the horse had suddenly become lame in both fore-feet, some weeks previous, and quite a number of veterinary surgeons had failed to restore his usefulness. Various hypotheses were advanced. Some thought him badly shod, and had his shoes removed. He had had clay and other substances packed into his hoofs; had been caused to stand upon straw and upon earth. Local medicinal treatment had been employed. All without benefit, and my friend was discouraged, supposing the horse to be permanently disabled.

We went back to the early history of the case, and I learned that when last driven the horse had been *exposed to a shower and wet roads*. I then obtained the following modality of the lameness:—*When first led about the yard, after standing several hours, he could only move with the greatest difficulty, but after walking a short time, the lameness was not so great.*

I told my friend that the horse was troubled with rheumatism, and that I would cure him. *Rhus toxicodendron*: “*Bad consequences from getting wet, especially after being*

heated." "Amelioration, when continuing to walk." I then prepared four powders of Rhus tox. 200, and placed one of them upon his tongue, with directions to try his gait every day, giving a powder daily until improvement began, and then stop.

The next time we met, my friend reported that he had given one powder only (making two given in all), as the lameness began to subside the second day after I left, followed by rapid and permanent recovery.—*Ibid.*

NAVICULAR-DISEASE IN THE HORSE.—RHUS.

BY J. C. ROBERTS, M. D., NEW UTRICHT, N. Y.

June 5, 1871. Lissie, a thorough-bred Irish mare, a high spirited animal, became suddenly lame by stepping on a stone during exercise, but as she recovered from the lameness, in a few minutes, her exercise was continued. The next day when she left the stable she was lame, but during exercise the lameness disappeared. She finally became so lame in a few days that she could not be used. The farrier, as usual, refers the lameness to the shoulder, but I pronounced it a case of navicular-disease, caused by a strain or rupture of the ligaments of the navicular or scaphoid bone. I ordered rest and prescribed Rhus tox. 7m.; a dose was given every day for three weeks, at the end of which time she was entirely free from lameness. The lameness was in the near fore-foot.

Note from Dr. Roberts in reference to his cases of navicular-disease in the horse.

"DEAR SIR—I will. thank you to state, when you publish my article on navicular-disease, *that the horse must have absolute rest, tied in a single stall, and must not be allowed to move about in a box-stall*, as too much motion will destroy the periosteum, and that will be followed by necrosis. The horse should be kept in the stable for three weeks."

ACUTE MENINGITIS IN A HORSE.

BY J. FITZ-MATHEW, M. D., DAUPHIN.

Symptoms.—Acute pains, intermittent; pupils contracted; teeth clenched and tongue protruding; stupor, with head forced back into side of a *hay-rick*, alternating with great restlessness, frequent change in position, and delirium of a furious character, biting and kicking, groaning and moaning. Bell 200, in water, two teaspoonfuls every fifteen minutes on tongue till some signs of improvement were seen. In less than two hours, the horse, which the farmer had given to the dead, was eating his feed.—*Ibid.*

[Dr. Skinner adds I have cured several cases of so-called staggers (phrenitis) in horses with Dunham's 200, and colics and other complaints *very frequently*; also in cows. As the result of experience, the 200 has been *infinitely superior to lower potencies in the horse*; and in my opinion the very highest potencies that give good results in man, would give better, if anything, in one of the lower animals.]

Consultation Department.

FOR L. G. G'S CASE.

Try Ver. vir., followed with Sul.

FOR R. M. WEIR'S CASE.

I suggest Gelsemium 30x. Two doses a day.

J. C. M. K.

IS DIPHTHERIA CONTAGIOUS?

[Another question asked by the health department is: "do you regard diphtheria as contagious?"

O. C. D.

Our answer was "possibly infectious, not contagious." What is the opinion of our profession upon this question?—ED.]

FOR DR. L. G. GRISTES CASE.

Give your lady patient the tincture of *Awa samoa*, commencing with ten drop doses, and increase the dose if necessary to twenty, thirty or forty drops.

D. A. H.

ANSWER TO CASE.

Dr. R. M. Weir's, case for counsel. I suggest the application of a large horse shoe magnet from fifteen to thirty minutes in the forenoon, to the small of the back. Give internally *Lac caninum* 1m. (Dr. S. Swan's.) for two weeks, then alternate with *Phosp. ac.* 200. for two weeks, and continue for two months, patiently awaiting results.

D. A. H.

CORRECT YOUR FIGURES.

In your issue of Dec. 1, 1880, page 467, you make a quotation from the *Bureau of Statistics, American Institute of Homœopathy*, in which it is stated . . . "which provided in the last year for 4,959 patients, with a mortality of 367—only about 2½ per cent."

The rate per cent is 7 4-10 per cent. The above quotation will be noted by the journals of the Allopathic school, and we will be accused of claiming better reports than is right.

J. L. GROVES.

IS DIPHTHERIA CAUSED BY SEWER GAS OR FILTH.

[Another question. "Is it your opinion that sewer gas or surface filth can create the special exciting cause of diphtheria?" O. C. D.]

Our answer was: "Diphtheria must have an atmospheric, local, (filthy) and individual condition to develop is my opinion." Our readers on the open prairies, on the hills and mountains; in the south, west and north, even in Europe, Asia and Africa, and on the isles of the sea are urged to give their views on this special exciting cause of diphtheria. Have you met this disease in India, Australia, or the Sandwich Islands?—ED.]

ANSWER TO "CASE FOR COUNSEL, TROLAPUS ANI."

Let your patient lie with folded arms—prone on his face; now, resting *only on arms and toes*, with stiff legs raise the hips as high as he can and *sustain* the raised position for from ten to thirty seconds; rest a few moments and repeat the movement five to ten times with a period of rest of fifteen minutes after the *last* movement. This should be done A. M., M. and P. M.; the first and last obviously

before arising and after retiring. It will induce contractions which become habitual after a little practice. It is obvious that the same treatment must be equally serviceable in hæmorrhoids which are so often intractable under the usual modes of treatment.

A. A. KNIGHT.

DIPHTHERIA AND MEMBRANOUS CROUP.

The Health Commissioner of Chicago has sent the following questions which will interest our readers. "Doctor, do you regard diphtheria and membranous croup as identical diseases, or are they distinct from each other?"

O. C. DeWolf.

["They are two distinct diseases. I have studied the views of the best informed and analyzed many cases of each disease and believe that they are distinct diseases; as distinct as nasal diphtheria and coryza or ozæna. They have only one symptom in common. In my works on Diseases of Children I have recognized and described *five* different diseases with croupal symptoms." (T. C. D.) What is the observation of our readers?—Ed.]

WHAT WILL CURE PRAIRIE ITCH?

The patient is an unmarried lady, about forty-four years old. Never has had any sickness, and her health is now in other respects good, excepting this eruption and a bad spinal curvature, produced by sitting upon unhygienic benches in a New England school house, when a girl. She is short in stature, light complexion and resolute in disposition. Has been afflicted about four years and has tried all the usual Homœopathic remedies. While on a visit east in the summer of 1878 she doctored herself with Sulphur and Cream tartar. Was not so bad as usual that summer—perhaps owing to the change of climate or water. Has tried outwardly Carbolicized Cosmoline and various ointments. Has lately used a mixture of Camphor and Ammonia which seems to have a soothing effect. At times it has been confined to the wrists and then change to other places—when very bad it is all over the body, once appearing on the face a short time. When visible it is a small red pimples under the skin, but often itches when invisible when rubbing or scratching causes the pimples to appear. It is aggravated by scratching, but the patient says it is quite a relief to make it ache, it being more endurable than the itching. It sometimes gets so inflamed as to look almost raw. Extreme heat or cold aggravates it, is especially "angry," when the body is

heated by the sun or exercise. Is worse when going to bed, summer or winter. The skin is very dry. A man in the same town has the same trouble so bad that he has spasms. M.

CHRONIC DIARRHŒA.

Mrs. M. Blonde; aged twenty-eight. Duration two years, treatment Allopathic. Formerly weighed 188, now 134 pounds. Began with intense nausea, vomiting and frequent stools. Has been relieved several times, and would feel as though she would soon be well. First notice of a new attack, sleeplessness, then the diarrhœa sets in, always accompanied by nausea. Often increases the vomiting to suddenly check the diarrhœa. During the periods, when most severe, slight colicky pain in bowels, mostly in left side, always burning in rectum before, during and slightly after stool. Great thirst for cold water and ice, which relieves for a time, but is vomited up when it gets warm. Vomited matters, slick hot water, or greenish and bitter. (Six months ago during a severe spell—burning in the urethra after urinating—could not lie on left side which aggravated.) Stools light colored, very offensive, food often undigested. Appetite irregular, too good when feeling better. Tongue red at point. Thick bad taste; described as a spoiled sour. Mouth and throat very dry. Often feels bloated in the stomach that she cannot stoop easily. Cold hands and feet, feet feel like they had on cold wet stockings. Abdomen tender when she allows her hand or arm to rest on it; some weight in hypogastric region when much on her feet. Menses regular, slight leucorrhœa. Roaring in head and ears at times, as though she had taken Quinine, head feels light on rising suddenly. Diarrhœa aggravated by eating chicken, generally better when in bed and from bending double. Face often flushed and hot. Hunger in morning, if not satisfied followed by gnawing in the stomach. Very sensitive to smells. Desire for salt or sour food. Wants her bread to be hard and dry and meats well cooked. Please give a remedy and potency. R. M. W

MILK IN FEVERS INJURIOUS.

In THE INVESTIGATOR of Dec. 15th ult, I mentioned incidentally that new milk was a bad dietetic in fevers, from the fact that it contained so much oil or *grease*, than which there was nothing worse in fever.

In the number for January 15th, a writer, over the signature of a

star (*), is greatly exercised thereat and asks me a number of very silly questions.

I would like to believe that he is a "star" of the first magnitude, but from the nature of his first question I conclude that he is not even a student in medicine.

Thus, he asks me to tell him "what the *amount* of grease in milk is?" Now this is too simple for anything and I will refer him to the first dairy-maid he meets.

Again he asks "why nutrition is not indicated in exaggerated waste?" I am puzzled to know what he means by this. In whatever aspect I view this question there comes up the image of the spectacled professor in the comic valentine whose solemn face is only equalled by the length of his ears. "Is nutrition indicated, etc." Had he asked if *Ars. China* or *Nux* was "indicated," the question would have been intelligible.

Nutrition depends upon the assimilation of food, and the proper assimilation of food by the organism is what the sensible physician aims to develop and encourage in cases of "exaggerated waste" by the "indicated" remedy. But I was speaking of *fevers* in which, as all know, assimilation largely ceases, and I repeat, as I hope for his benefit, that *during fever* there are few articles of food worse than new or unchurned milk.

E. R. ELLIS.

MOUNTAIN HEADACHE.

For Dr. Sarchet's case of mountain headache, reported in THE UNITED STATES MEDICAL INVESTIGATOR, Jan. 1, 1881; I would suggest Cuprum or Argentum nitr. or perhaps the Monobromide of Camphor, several grain doses of the crude of the latter. The doctor might have given the symptoms as only by the aid of them can we find the similitum. The relief in wet weather is a most noteworthy symptom physiologically. In Grauvogl we find an aggravation in wet weather constituting generally a sign of the hydrogenoid constitution and an amelioration in wet weather, as a rule characteristic of the oxygenoid constitution (But see here Grauvogl II. end of sec. 302). Now the facts on high altitude given in Dec. 15th. number do not seem to allow the idea of oxygenoid suffering. In my repertoires I cannot find remedy indications for the symptoms mentioned, but the physiological reason for it may be the following. Tourdanet states that acclimatization following a long continued residence at a high altitude consists in just such changes in the organism which he calls "anémie des alti-

tudes" or "anoxymie" and it finally results in a general decrease in the quantity of blood and a lessening of the calibre of the blood-vessels. I personally have reason to believe, although I never made the experiment, that during snowstorms and rainy weather the oxygen in our atmosphere here is easily ozonized. This would of course produce an amelioration of symptoms like those that are carbo-nitrogenoid. Furthermore have carbo-nitrogenoid remedies proved during the last year most useful in my hands. The whole subject of diseases at our altitude is something which needs a great deal more light than we at present possess. At some future time I will try to give all the data which I have been able to gather on these conditions.

The Cuprum or Argentum is best given at first in the 3 cent. of former or 3x of latter. Interdict coffee and see that a sufficient amount of liquid is used between meals. O. C. CORNELIUS.

Book Department.

HAND-BOOK OF URINARY ANALYSIS; CHEMICAL AND MICROSCOPICAL: BY Frank M. Deems, M. D., 12 mo., Limp cloth, 25 cents. New York: Industrial Publication Co. Chicago: Duncan Bros.

Another Manual for the systematic examination of liquid urine, urinary deposits and calculi. It is compiled with the intention of supplying a concise guide, which, from its small compass and tabulated arrangement, renders it admirably adapted for use, both as a bed-side reference book and a work-table companion. The arrangement of the matter has enabled the author to compress a great deal into a very small compass, so that, while serving all the purposes of an analytical table, it is really a good deal more, although it is not of course, to be supposed that this brochure can take the place of larger books.

FEMALE PELVIC ORGANS BY SAVAGE. WOOD'S LIBRARY.

This volume is a rare one and includes the surgery, surgical pathology, and surgical anatomy of the female pelvic organs in a series of plates with commentaries, notes and cases. This third edition is revised and greatly extended. It contains thirty-two plates

and twenty-two cuts with special illustrations of the operations on vesico-vaginal fistula, ovariectomy, etc.

MINOR SURGICAL GYNÆCOLOGY. BY P. J. MUNDE, M.D.

This is volume 12 of Wood's Library for 1880. It is "a manual of uterine diagnosis and the lesser technicalities of gynæcological practice for the use of the advanced student and the general practitioner." It is profusely illustrated and contains much that is found or should be found in ordinary works on gynæcology. It may be of interest to know that minor gynæcology includes examinations, manipulations and applications.

AN INDEX OF COMPARATIVE THERAPEUTICS. BY SAMUEL O. L. POTTER, M. D., President of the Milwaukee Academy of Medicine. Chicago: Duncan Bros.; cloth, \$2.00; tuck, \$2.50.

This long-expected book has at length appeared, and a copy lies before us. Externally, it appears to be a well bound vest-pocket manual about four and one-half by six and one-half by five-eighths inches in size. On opening the book it is found to contain nearly three hundred pages, compactly printed with small, but clear type, on a fair quality of thin paper.

The author states in the preface that his object is "to present the therapeutics of the two great medical schools in the manner best adapted to comparative study and quick reference." The main body of the work is printed in two columns. On the left is a condensed summary of the treatment of the various diseases of the human body, according to the latest standard authors in the dominant school of medicine. On the right, occupying the corresponding space, is a similar *resume* of Homœopathic therapeutics, compiled from the standard text-books and monographs of this school.

The "diseases" are arranged in alphabetical order, beginning with "abdominal plethora" and ending with "yellow fever." The remedies first mentioned in each column are those which are common to both medical schools. These are in full-faced type. After these follow the remedies which are peculiar to each school. These are in *italic* type. The casual reader cannot fail to observe the extent of the coincidence in drug-selection, which extends from one-third to two-thirds the way down the parallel columns.

Take, for instance, the article on *Acute Bronchitis*. The remedies common to both sides are *Aconitum*, *Antimonium tartaricum*; *Ipecacuanha*, *Lobelia*, *Sanguinaria*, *Cinchona*, *Terebinthina*, *Colchicum*

and Ammonium carbonicum. Here they divide. The Homœopathic remedies which follow are Kali bichromicum, Bryonia, Phosphorus, Veratrum viride, Rumex crispus, Balsamicus peruvianum, Arsenicum, Mercurius corrosivus; while on the other side are found Opium, Cimicifuga, Nitricum acidum, Asafoetida, Cubeba, Ferrum, Plumbum and Zincum.

Brief indications are given for the administration of each medicine and the preparation and, as a rule, the dose is given.

The principal authors quoted are Aitken, Niemeyer, Trousseau, Ringer, Stille, Tanner, Waring, Wood, Bartholow, Phillips, Pifford, Agnew, Druett, Clarke, Emmett, Leishman, Tait, Carter and Sturgis, Hahnemann, Hering, Hempel, Baehr, Jahr, Ruddock, Jousset, Lillienthal, Hale, Allen & Norton, Angell, Franklin, Helmuth, Meyhofer, Marsden, Grauvogl and Kidd.

The plan of the work does not admit of a full use of the resources of the whole *Materia Medica Pura*, but the therapeutic means mentioned by the writers of the standard text-books, make a very fair show.

The dose-lists give a vast amount of information in a small compass. The Latin Genitive case endings given in the "regular" list will prove useful to the numerous class who prefer to use a language which they do not understand.

The Homœopathic list has a column of English synonyms and the attenuations preferred by Hahnemann, Hughes, Ruddock and others. The not unimportant subject of orthœpy receives proper attention.

The table of Differential Diagnosis gives in parallel columns the distinctive features of Malignant and Non-malignant Tumors, Scirrhus and Encephaloma, Endo-carditis and Peri-carditis, Cerebral Concussion and Cerebral Compression, Chancre and Chancroid, Asiatic Cholera and Simple Cholera, Croup and Diphtheria, etc. For example:

CHANCRE.

Commences about 3d week after coitus.
First as a papule, abrasion, or crack.

Generally indurated (rarely not).
Develops slowly.
Discharge slight, unless irritated.
Is soon limited and seldom phagedenic.

Edges sloping, not undermined.
Scanty serous secretion.
Sore remains solitary and cannot be multiplied.
Followed by numerous buboes, rarely suppurating, never furnish inoculable pus.

CHANCROID.

In 24 hours to 3 days.
First as a red spot, then a pustule, then a soft suppurating sore.
Not on an indurated base.

Develops rapidly.
Suppurates profusely.
Tends to invade surrounding tissues, or become phagedenic.
Edges undermined.
Discharge is pus and copious.
May be transplanted at will, and is seldom single.
A single bubo may appear and suppurate.

In this work the author has attempted a herculean task. How far he has accomplished it, remains for the learned and the practical of all schools to note. The work bears evidence of long-continued and painstaking industry, and we think also of a keen perception and good judgment in regard to the wants of the practitioner. The work is an *Index Thesaurus*, yet its pages may often be consulted with profit when the larger works are inaccessible or cumbersome. We predict a large sale and pledge ourselves that the purchasers will get their money's worth, if not a great deal more. LEWIS SHERMAN.

Progress of the Medical Sciences.

Salicylate of Quinine in Rheumatism.—Salicin, Salicylic acid, and Salicylate of Soda have obtained a reputation in the treatment of rheumatism. But no notice has yet been taken of another salicylate which seems likely to secure a high place in the treatment of that malady—I mean Salicylate of Quinine. The first mention I had of it was made to me in a letter by a patient resident with her family in Paris during the past winter. One of her sons had a sharp attack of rheumatic gout. Salicylate of Quinine was prescribed for him, and she wrote of the effects as wonderfully rapid and satisfactory. Ten days ago she returned to London and sent for me to attend one of her family, who had suffered severely in their rough passage across the channel. For three days previously I had been suffering from rheumatism in the left knee and thigh. It had steadily increased to such an extent that I could hardly walk at all; and when I sat down it cost me much pain and difficulty to rise up, and still more to make any progress. My movements were awkward and distressing to myself and to lookers-on. My good friend was very sympathetic. In her usual kind and practical way she ordered me “home to bed,” and early next day, as soon as she could get to her boxes, she sent me a note with a bottle of the Salicylate of Quinine, which she had brought over with her. Pressing engagements prevented me remaining in bed that forenoon. But by four o'clock in the afternoon I was dead beat, and quite incapable of further work. Between four and five I retired to bed. For two days previously I had fever on me, which had gradually increased, and now my temperature stood at 101°. My usual temperature is 97.5° to 98°. I at once took a dose of Salicylate

of Quinine—twenty centigrammes—as directed on the bottle. In bed I could not move my leg or turn myself without the greatest difficulty and suffering. During the night I perspired freely. Next morning, Feb. 22d, there were still fever and pain, but the temperature was considerably less. All that day I remained in bed, and I took three doses of Salicylate of Quinine at intervals of four hours. In the evening and during the night I felt I could move myself altogether with greater ease, and I had a quiet good night. Next morning, Feb. 23d I felt completely relieved. To my astonishment (for this was not my first attack), I got out of bed and walked across the bedroom without the slightest limp. The posterior muscles of my thigh certainly felt sore as if they had been severely strained and bruised, but I felt as able for my work that day as if nothing had happened, and I did a long day's work. It is necessary not to discontinue the medicine too suddenly. Salicylate of Quinine, though not usually employed hitherto in London, is to be procured. The difficulty I have found is to get it easily dissolved, and kept in solution. Mons. L. Midy, a pharmacien of Paris, 113 Faubourg St. Honore, has made an elegant preparation of this drug. It is one I have used, and I can recommend it. But I have no doubt our expert London chemists will be able also to master any difficulty that may appear at first sight to exist.—*London Lancet*.

Internal Urethrotomy.—If the stricture be very tight or crooked, a slender olivary bougie is wriggled through it into the bladder. A staff, filled with a stylet, is then screwed on to the bougie and made to follow it; the latter coiling up in the bladder. The stylet is now withdrawn, when urine will escape by flowing out of the open slot where it emerges from the penis. The knife, covered by the sheath, is then placed inside the slot, the latter being outside the staff. The sheath not only protects the healthy urethra, but it also represents the finger in the urethra, and tells the surgeon where to begin to cut and where to leave off. The urethrotome, as modified by me, meets, I believe, all requirements. At a period not very remote the principle of dividing strictures from behind forwards was the one in vogue at the special department for urinary diseases at the Necker Hospital, at University College Hospital, and at St. Peter's Hospital. Now all is changed, and at each of those institutions strictures are incised from before backwards.—*Lancet*.

The patient is first anæsthetized; and, if the natural gauge of the urethra had not been previously ascertained, the passage is explored by a bullet-sound, or, if there be stricture near the meatus, by the urethrometer; the largest bullet-sound or widest expansion of the meter that slides without force along the urethra in its non-strictured part being taken as the size to which the strictured part must be incised. Should the meatus be too contracted to permit the wedge to enter, that is divided by a touch of a bistoury. The meatus being freed, a split sound is next passed to the bladder. The two halves of

his sound are welded together at the point, but separated for the rest of their length. When closed, they equal in size No. 2 of the English and No. 8 of the French scale. When the stricture is tight or tortuous, the introduction of the split sound is facilitated by previously passing a filiform guide-bougie (No. 2 French) of silkworm gut mounted with a screw-head, to which the split sound may be screwed. Should it be doubtful whether the guide has reached the bladder, a No. 3 French (No. $\frac{1}{2}$ English) flexible catheter is screwed to the guide bougie, and the whole pushed onwards till the catheter has passed eight inches inwards. A small exhausting syringe is then applied to the catheter, and a few drops of urine are drawn through it. The communication with the bladder being put beyond doubt, the catheter is withdrawn and unscrewed from the guide-bougie; the split sound is screwed on instead, and then guided into the bladder. In practice, this preliminary testing of the path followed by the guide-bougie is seldom needed; the presence of the end of the bougie in the bladder is sufficiently indicated by the freedom with which it can be pushed in and withdrawn, having no tendency to slip out spontaneously, as has the bougie which is engaged in a false passage or is only partly through a stricture. The split sound being thus safely in the bladder, a wedge containing a concealed knife is then pushed down the urethra between the halves of the split sound, on which it runs in dovetail grooves. The wedge separates the blades of the split sound, and when a stricture is approached sets tight the constricting fibres. The knife is then pushed forward between the separated blades, and, dividing the tense fibres, allows the wedge to advance until it traverses the urethra from end to end. The knife retreats within the wedge, and is only protruded when a tight band opposes the free passage of the wedge. Thus, band after band of fibres are cut, and a calibre is given to the urethra, equal to the size of the easily fitting bullet-sound previously used. The size of the wedge employed depends upon that of the urethra, and may be obtained either by having a wedge that expands like a parallel ruler, and so can be set to any size; or, by having a series of wedges, Nos. 24, 26, 28, 30 (French) being found sufficient in practice to meet the varying widths of different urethræ. Of course, one split sound and one knife fit them all. After the strictures are fairly divided, the wedge-cutter is removed, and a wedge a size or two larger may be passed without force along the split sound to test the completeness of the division of the strictures. After the split sound is removed, a flexible catheter of moderate size (No. 20 French) is passed, and tied in for twenty-four or forty-eight hours; that is, until free secretion of mucus allows it to be withdrawn easily.—*British Medical Journal*.

Laryngismus Stridulus.—Dr. E. M. Hale reports a case in *Hahnemannian Monthly*, where the administration of Monobromide of Camphor, 1x every hour, was followed by entire relief. The patient was a feeble, poorly nourished child, ten months old.

External Urethrotomy.—External urethrotomy with a guide, an operation perfected by Syme, is with us reserved for cases where the perineum is honey-combed by abscesses and urinary infiltration, with considerable amount of subpubic induration of the urethra. Here external section is preferable, as it gives free drainage through the wound, and thus obtains speedy closure and sound healing of the fistula. Syme's operation requires a curved staff, of which the five inches next the handle are straight, and as large as 20 or 22 French; beyond this, the staff is narrowed abruptly, to the size of No. 7 French, and grooved on its convexity in the mesial line from the shoulder or thick part to the tip. The operation begins by passing this staff along the urethra to the bladder, until the narrow part has traversed the stricture, and the thick part is arrested by the contraction. The urethra is then opened on the grooved staff, held steady by an assistant, so that its curve projects well in the perineum, and the knife at last reaches the groove. The edge of the knife is now directed forwards, and thus the bands of stricture which check the onward passage of the thick part of the staff are thoroughly divided till no obstacle remains. The staff is then withdrawn, and replaced by a catheter. Here often begins a difficulty; the part of the urethra from the wound to the bladder cannot be hit by the beak of the catheter. This obstruction is prevented, if the tapering gorget of Mr. Wheelhouse be led along the groove of the staff to the bladder before the latter is removed. The gorget then acts as a guide for the catheter past the wound to the bladder.—*British Medical Journal*.

If retention from impassable stricture should set in, we then have a case no doubt the most difficult in all surgery, but it has been greatly simplified through the labors of Avery, Wheelhouse, Gouley and myself. The operation as performed by Wheelhouse, consisted in opening the urethra half an inch above the stricture, and insinuating a probe through it into the bladder. Gouley substituted an olive tipped bougie for the probe; and as the stricture is often very tortuous it is clear the flexible bougie may pass where the inflexible metal probe cannot. Gouley uses the bougie as a guide to cut along and slips his tunnelled catheter over it into the bladder. The great defect in the operation, as performed by Wheelhouse and Gouley, is that the position of the probe or bougie is not proved before cutting; hence either may have gone into a false passage instead of the true channel, without the operator being made aware of his mistake. Now I prove the position of the bougie by sliding over it a fine metal catheter, open at both ends, and having a slit in its convexity, along which the tenotome can be pushed. If the bougie be in the bladder urine will escape from the catheter when the former is withdrawn. I then divide the stricture *subcutaneously*, and to ascertain that this is completely effected I slide over the silver tube, a large elastic one, four inches long, which will slip into the bladder if the road is clear.—*Lancet*.

Gradual Dilatation by Continuous Tying-in.—This consists of keeping a flexible catheter, or filiform bougie if the narrowness of the stricture require it, day and night in the stricture; replacing it every forty-eight hours by a larger one, until the natural calibre of the urethra is restored to the strictured part. This replacement is needed lest, being too loose in the urethra, the catheter slip out of the stricture, and so interrupt the process of dilatation. But the enlarging process is kept up quite as rapidly by a small catheter as by one which nearly fits the stricture. This process usually occupies from eight to twelve days. The method is easy, rapid and safe. It requires three precautions. 1. The catheter should always be a loose fit; that is, two or three numbers smaller than the stricture. 2. The patient should be confined to his room, not necessarily in bed, but to avoid walking about, though I have known adventurous spirits who have gone to and from the city daily during the process. 3. The catheter should not quite reach the bladder, but its beak should lie in the membranous part of the urethra, leaving the neck of the bladder free. When it is desired to draw off urine, the catheter is pushed into the bladder while the urine flows, to be again withdrawn and the end stopped by a little spigot when the bladder has been emptied. Flexible instruments are tied in place in several ways. The plan I adopt is to pass the catheter through the stricture till it has reached the bladder and urine escapes. I then withdraw the catheter till urine ceases to run, and tie tightly round the catheter, an inch or so beyond the meatus, a piece of silk or cotton twist, of which the ends are again knotted together about one inch from the catheter, then carried round the penis behind the glans and tied. The foreskin is then drawn forwards, the catheter shortened by cutting off the superfluous three or four inches, and the spigot put in.—*British Medical Journal*.

Aconite Neuralgia.—Aconite is perfectly successful in such forms of facial neuralgia as are not correlated with other lesions, which are not intermittent, and which have not a well-marked recurrence; in other words, in those forms to which M. Gubler has applied the term congestive, and which are most frequently caused by exposure to cold. In such cases Aconite produces a rapid cure within two or three days. Dr. Oulmont has even seen a case of facial neuralgia of seven days standing, in which there was no well-marked periodicity, and which had resisted Sulphate of Quinine, yield instantaneously and permanently to a quarter of a milligram of Nitrate of Aconite. The results are more marked and rapid in cases of recent neuralgia than in those of long standing. Examples are quoted, however, in which the affection had lasted for periods of one month, two months, and even five years, but which had yet been cured, the first on the seventh day, the second on the third, and the last in three weeks. Aconite has also a distinct effect in secondary neuralgia, as for example, in dental caries, otitis, paraplegia, etc. Acute rheumatic arthritis

may be successfully treated with Aconite. On account of the energetic action of the remedy the susceptibility of the patient should be tested by administering, in the first place, three pills daily, each containing a fifth of a milligram of crystallized Aconite in addition to five centigrams of pure Quinine; one in the morning, one at mid-day, and one in the evening. If no alleviation of the pain is experienced on the first day, the dose may be cautiously augmented by a pill per diem, until a maximum dose of six in the course of twenty-four hours is attained, and in the majority of cases it will not be necessary to overstep this limit.—*Le Roy Med. Braithwaite.*

[Let Dr. O. try Aconite in the third attenuation, or higher, and he will be astonished and pleased with the result].

Mucous Polypus of the Nose.—In some cases of polypus of the nose I have recently been adopting a treatment which has given good results. In structure, these growths consist of but little more than connective tissue infiltrated with serum, and enclosed in something resembling mucous membrane; when removed by avulsion and exposed to the atmosphere, they rapidly shrivel by the escape of their serum; their distended grape-like appearance being exchanged in a short time for that represented by little more than a few shreds of connective tissue. The treatment to which I refer consists in freely puncturing these growths from the anterior nares by means of an ordinary acupuncture-needle, thus allowing the fluid of which they largely consist to drain away. To prevent them from refilling, I follow this up by ordering the patient to inject into the nostrils a solution of Carbolic acid and Glycerine, which has a most marked drying-up effect, and to continue to do this daily and thoroughly for some time. In this way, I have been able to deal successfully with some cases where the growths have been of a limited nature, and the patient averse to their avulsion. In the last case, I made the punctures with one of Southey's trocars, which answered well, the serum escaping through the canula. I have thus, in treatment, regarded these as being local and limited œdemas, rather than hypertrophies, and as being, when once emptied, curable by astringents. It is not always possible, from their position, to subject all these growths to puncture, otherwise I believe this plan would be found generally successful.—*British Medical Journal.* [Try Calc. phos.]

Petroleum in Phthisis and Bronchial Affections.—Dr. Milton, of Bradford, Pennsylvania, several months ago called the attention of the medical profession to the wonderful efficacy of crude Petroleum as a remedy in consumption and bronchial affections generally. He has now prescribed the pills made from the dried crude Petroleum in about fifty cases with the most satisfactory results. Bronchial and laryngeal troubles are relieved from the beginning of the first dose. In consumption, it has afforded more satisfaction than any other remedy that he has tried; in several cases of what might be termed incipient phthisis it has effected a permanent cure to all

appearances. The crude Petroleum is a popular domestic remedy in the oil country for most of the ills, that flesh is heir to, but more particularly for coughs, colds, and bronchial troubles generally. The profession will be slow to adopt so simple a remedy as crude Petroleum in consumption, but from the testimony now in Dr. Milton's possession from a great number of his medical friend, outside the oil country, he has no hesitation in calling the attention of the profession to it as one of the very best means of cure in any curable case of phthisis pulmonaris. The only difficulty he has found has been the difficulty in getting patients to use the medicine in the shape of pills, and the nausea they frequently produce; but by perseverance this is easily overcome. The article which he usually prescribes is found incrustated on the bottom of the tanks, and has the consistency of putty, and is easily made into pills by incorporating it with any vegetable powder. The size of the pills is three to five grains; one pill from three to five times per day. The cough and soreness of the lungs are speedily relieved, the night-sweats are increased. Out of the cases in which he used it, only three derived no particular benefit. They were cases that had about exhausted the materia medica, and would not persevere. He has kept notes of twenty-five well-marked cases of incipient tuberculous consumption of the lung; nineteen of which he considered cured. Three of these are now under treatment; the balance he has lost sight of. He has no confidence in it in advanced or confirmed consumption, where vomicae have already formed. He thinks it acts by preventing inflammation in the lungs, thereby retarding any further destruction of the lung tissue. It may act specially on the disease, but this is left for others to investigate. It has proved beneficial in cases of asthma. It has no effect on nasal catarrh, ozæna, etc.—*Practitioner*.

Climatic Influence on Pulmonary Diseases.—Dr. Schleisner says "there are countries where phthisis is unknown, as for instance, Iceland," the very place where pneumonia is often rampant. In Finland no phthisis is seen; and the Swedish physicians maintain that consumption becomes less common as we proceed northwards. Dr. Lombard, of Geneva, says he has never known a case of consumption among the monks of St. Bernard. In the cases of young children who are kept very close in heated rooms, and who are said to be always taking cold, we often see most obstinate cough and catarrh due to the throwing off from the air-passages of a weak, poorly-nourished epithelium which in time may choke the air-cells, and so lead to pulmonary consumption. The cure consists in laying aside paregoric and squills while we feed the epithelium with a pure healthy air. Appetite soon returns, and the cough speedily takes flight. In removing lingering inflammation after an acute attack on the chest, I have seen excellent results come from a sojourn at Torquay, Ventnor, and similar mild warm health-resorts: but when the disorder has passed from the inflammatory stage to one that involves the gen

eral nutrition, and that is marked clinically by softening and breaking down of lung-tissue, with night sweats and copious, purulent expectoration, I never saw any good come of a residence in a mild, sedative climate.—*Braithwaite*.

On Stricture of the Urethra.—Treatment by gradual dilatation with instruments, allows the patient to follow his occupation. There is a general consensus of opinion amongst surgeons all over the world that this is the best method of treating ordinary dilatable uncomplicated stricture. It is attended with no risk to life, and involves no sacrifice on the part of the patient. Certain American surgeons object to it, alleging that the treatment is merely palliative. Inasmuch, however, as I consider no more can be claimed for any other method, I hold that their objection is not founded on good grounds. With what kind of instruments ought the process to be carried out? We have soft and metal bougies, and each have their respective advocates, although I am glad to say the partisans of the cold steel are gradually diminishing in numbers every year, to the infinite benefit of mankind at large. If anyone has a doubt as to which is the better instrument to use, a soft or a metal one, let him one day pass a soft one on himself, and a few days afterwards introduce a metal one. We need not wait for an answer.—*Lancet*.

Gradual dilatation by the passage of bougies of increasing sizes at short intervals is the safest of all methods, as it excites the least irritation when being carried out; but, unfortunately, it often fails to obtain an expansion which does not speedily shrink again; and this is especially the case for strictures of the antescrotal portion. It is most efficacious for strictures of recent formation—cases that consist mainly of inflammatory thickening, and especially if these be situated at the bulbous or bulbo-membranous portion. Again, gradual dilatation by the interrupted passage of bougies is sometimes the only prudent course when the patient has evidence of renal disease. Such persons run some risk of acute suppurative nephritis, and even of septic affections, if submitted to cutting operations. But, with these general exceptions, gradual dilatation is an uncertain and most unsatisfactory mode of treatment. Nevertheless, from its simplicity, safety, and non-interference with the patient's pursuits, bougie-passing is very generally applied to all strictures. The following are the chief characteristics of rigid and flexible instruments when compared with each other. Rigid instruments are far more difficult to pass, more capable of injuring the patient, and, unless passed with proper skill, more painful to him. On the other hand, they are more durable, can be easily kept in good condition in hot climates, can be made more smooth and, being rigid, their points can be guided by the hand past pouches and other obstructions. Of flexible instruments, the great advantage is their suppleness. This enables them to accommodate themselves to the urethra without strain; but as their points

cannot be easily directed away from an obstruction or false passage, they often slip where a rigid sound readily gains the bladder.

To Pass a Sound.—Pass your sound thus: The patient lying flat, shoulders low, especially if he be corpulent, so that his belly may be out of the way of the stem of the sound—go to his left side and hold the sound, beak downwards, lightly by the handle between the thumb and first two fingers. So held, the impediments experienced by the point of the sound are most quickly detected; and, which is equally important, you cannot inadvertently give the instrument a thrusting impetus; for it must always be borne in mind that no more force is to be used with a rigid than can be applied to a flexible instrument. Then take hold of the penis behind the glans between the middle and ring fingers of the left hand, leaving the thumb and forefinger to push back the foreskin and expose the meatus. Next, holding the instrument across the patient's left groin, draw the penis on to it with the left hand; the right hand, after it has for a moment directed the point against the floor of the urethra, remaining motionless. When four inches of the sound have disappeared, carry the right towards the umbilicus without raising the sound from the patient's body; then push onwards the beak while the stem is raised from a nearly horizontal to a vertical position, and from that lowered again towards the patient's feet. By a proper combination of these two movements—the onward passage and elevation and depression of the stem—the beak is kept sliding against the roof of the urethra, slips through the perineal fascia, and enters the bladder without catching in any of the irregularities. In carrying the instrument through the curve, no force must be used; nor must the rapidity of this sweeping movement exceed the rate of progress of the beak, or that point will be tilted upwards too much to allow it to pass under the symphysis pubis, and a violent strain will be put on the urethra by the long leverage of the stem, besides causing an abrupt arrest of the progress of the sound.—*British Medical Journal.*

Constipation as a Disease.—If we remember the power that the colon possesses of absorbing fluids (which numerous experiments place beyond a doubt), we do not require to ask an explanation as to the disappearance of the watery constituent of the stools in subjects suffering from constipation. When the fæces descend into the colon they are of a soft consistence; they are not hard and dry. What has become then of their watery constituents when they are converted into hard scybalous masses? Sometimes so difficult to pass are they, that an evacuation of the bowels in such circumstances may actually produce more suffering than the pains of labor. What becomes of the watery portion of the fæces, and what is the effect on the general system, especially the nervous apparatus, of the hardened matter lodging in the bowel? We have not to look far for an answer to the first part of the question when we are cognizant of the power

of absorbing liquids which the large intestine possesses. The fluid most certainly finds its way into the blood, and thus of necessity produces a form of blood-poisoning. We may note the following effects produced by the absorption of such fetid matter,—the red corpuscles become diseased, they are altered in color, diminished in numbers, have their carrying power lessened. Thus a sallow complexion results, dark rings appear below the eyes where the skin is thin and more transparent, the limbs and extremities are cold in consequence of oxygen being supplied in less quantity. There is a feeling of lethargy due to the blood being vitiated and the corpuscles being in this enfeebled state. Consequently the system is not nourished, and there is a falling off in flesh. Then there is a diseased blood supply circulating through the nervous system, and as a consequence nervous depression co-exists. The pulse becomes slow and easily compressed. There is a feeling of numbness in the extremities, the organs of digestion and assimilation are lowered in tone. There is a loss of memory, and a want of power of concentrating the thoughts a heavy drowsiness supervenes, which never seems to be removed by what appears to be really sound sleep, and all the functions of the body are carried on in an unsatisfactory way.—*Lancet*.

The Thermometer as an Aid to Prognosis in Coma.—After comparing the notes of five cases in which I have carefully recorded both temperature and pulse, I cannot but agree with Dr. MacEwen when he says in brain-lesions the temperature is far below normal; and in my opinion (though I do not for a moment wish to question such an authority as Dr. Richardson), given for a case of sudden insensibility, *pure et simple*, in proportion as the temperature is below normal so much the more is the probability of cerebral destruction evident, and in inverse ratio is the chance of the patient's recovery.—*Lancet*.

Accumulation of Cerumen Simulating Chronic Bronchitis.—Accumulation of cerumen in the ears and chronic bronchitis both chiefly affect those advanced in life. It may be that a connection between the two as cause and effect has hitherto been overlooked. However, in any case of prolonged and troublesome cough which resists the ordinary remedies, I should advise a careful examination to be made with a speculum of the external auditory canal, it being almost needless to say that a considerable accumulation of wax may exist without damaging the hearing to any marked extent.—*Lancet*.

Night Sweats of Phthisis.—Picrotoxine.—Quite recently, Dr. Murrell has introduced Picrotoxine as a remedy for the night-sweating of phthisis. He uses a 1 in 240 solution in water, and of this he gives from one to four minims three times a day, the last dose being taken at bedtime, or immediately before the time at which the perspiration usually commences.

[If this active principle of *Cocculus* will accomplish such results, what should we exact from the whole drug?]

Medical News.

Good Locations.—Little York, Roseville and Berwick of Warren Co., Ill., refers to Dr. G. H. Breed, of Monmouth, Ill.

Died.—Dr. W. A. Jones, of Wilton, N. H., passed away Dec. 18, 1880, after months of suffering with valvular disease of the heart.

Dr. T. C. Duncan will give his private course to physicians on Diseases of Children this spring as usual.

Noses Up.—The long spell of cold weather has turned the noses of sanitarians upward. The germ (worm) theory is in danger of being frozen up.

Removal.—W. E. Harvey, M. D., from No. Anson, Me., to Cambridgeport, Mass.

At the solicitation of friends, Dr. S. C. Delap has removed from Emporia, Kas., to Trinidad, Col.

Prof. C. H. Vilas has written an interesting work on Spectacles and How to Choose Them. It is an elaboration of his paper read before the Western Academy, which was highly appreciated by a popular audience.

Wanted.—At Farmington, Fulton Co., Ill., a first class Homœopathic physician to fill Dr. T. Putnam's place, who was taken from us by death. There are book-cases, books, medicine, and instruments. The doctor coming is expected to buy. A good Christian man is preferred. For further information address

MRS. P. J. PUTNAM.

We want a Homœopathic physician here; we have six thousand people and not a Homœopathic practitioner. It has been worked some. I will answer necessary questions from parties desiring a change of location.

CYRUS M. BABCOCK,
Box 109, Marquette, Mich.

Feeding and Management of Infants and Children.—A physician who took the agency writes: "I tell mothers to come to my office if they find anything in the book they do not understand and I will explain it to them. I also tell them to come to the office after medicine and I will let them have it at the same price as the druggist, if they know what they want. My idea is to get them to come a few times for those little things, and they may continue to come when matters are more serious. It is for these reasons that I concluded to take the agency as much as for the immediate profits.

Success with the Book.—I spent part of eight days and took twenty-six orders. I took ten consecutive orders without missing a sale. I think it would be a capital idea to have some German translate it

into the German language. [It is already translated into German and is now in printers hands. Send in your orders.—PUB.]

Dead Beats.—Medicine is supposed to be an honorable profession and honored by those who practice it, but we are sorry to record that our wing of it at least is cursed by dead beats. Their number is not large, but like sulphuretted hydrogen, effects the air badly. We have been making a collection and the list when published will be an eye-opener. Give us the honest yes or no man

Who pays his bills when due.

New Journals.—The *Homœopathic Courier* hails from St. Louis with Prof. Richardson as manager. The first number looks well. *The News* dies, but in its place comes the *Medical Herald*, with Goodman, the prince of condensers as editor. The *Homœopathic Physician* is promised from New York. It promises to be pure. That looks like going back on the *Organon*. This is an epidemic year for new journals — as the *St. Louis Review* says; a rich time for dead beats.

The *Illinois State Board of Health* is now engaged in preparing the second edition of the "Register of Physicians and Midwives," and will be obliged to the profession if they will call attention to mistakes and changes of location or omissions. Secretaries of medical societies are also requested to send the roster of their officers, and the names, age and cause of death of any medical men who have died within the last year. The Board is anxious to make the register as perfect as possible. It is also important to everyone that his or her record is correct.

The *Homœopathic Medical Society* of the county of New York holds its regular meetings on the second Wednesday evening of each month, in the Ophthalmic Hospital. Officers elected for 1881 are: J. Ralsey White, M. D., President, 228 E. 124th St.; Edmund Carleton, Jr., M. D., Vice-President, 58 W. 9th St.; F. H. Boynton, M. D., Secretary, 151 Lexington Ave.; T. Franklin Smith, M. D., Treasurer, 62 E. 128th St.; Charles Deady, M. D., Librarian, 201 E. 23d St. Censors: R. McMurray, M. D.; S. Lilienthal, M. D.; Wm. Tod Hel-muth, M. D.; C. A. Bacon, M. D.; A. K. Hills, M. D. The bureaux to report February 9th *Materia Medica* and *Toxicology*: Wilson Peterson, M. D., Chairman, 34 E. 39th St.; T. F. Allen, M. D.; Edward Bayard, M. D.; Mary E. Bond, M. D.; J. T. O'Connor, M. D.; Joseph Finch, M. D.; Amelia Wright, M. D.; H. von Musits, M. D.; C. Lippe, M. D.; O. R. King, M. D.

Surgical Therapeutics.—DR. J. G. GILCHRIST's experience has supplied the pages of his work on *Surgical Therapeutics* with some welcome observations and corroborations, of which we may instance the value of *Lachesis* in traumatic, and of *Secale* in senile gangrene; of *Iris* in tincture or substance, as an abortive application to whit-lows; of *Cuprum acetikum* 6 in commencing tetanus after an operation; of *Gallic acid* in aneurism; or *Pinus sylvestrius* and *Brucea*

anti-dysenterica in talipes valgus and varus respectively; of Calcareæ and Silicea in ganglions; and of Erigeron by inhalation of the tincture in epistaxis. He supports Dr. Helmuth as to the efficacy of *Allium cepa* in traumatic neuritis; but follows him into error as to the disease stated by Boileau to have been cured so largely by Hydrocotyle, which was not lupus but elephantiasis. He is rather rash, too, in saying that Dr. Cooper reports "a number of cases" of cure of cancer of the tongue by Muriatic acid; only one or two of Dr. Cooper's cases treated with the acid belonging to this dire disease.—*News*.

Philadelphia News.—At the "Hering Memorial Meeting" held in Philadelphia on the tenth day of last October, at the same hour that similar memorial meetings were held in the chief cities of the United States and of Europe, it was unanimously resolved to collect the various speeches and eulogies delivered at these meetings into a volume, under the title of "The Hering Memorial," which should serve not only as an expression of the veneration and affection in which we hold the memory of our great colleague, but also as a monument to his surpassing excellence as a man and physician, more enduring than any structure in bronze or stone, and one, which, we are sure, would be more in accord with his own wishes. The undersigned literary executors of Dr. Hering were appointed to edit this memorial volume for which the materials are already in hand, and are merely awaiting the necessary funds for publication. The Rev. Dr. Furness has kindly consented to write a short memoir of his old friend, and this, with the material before mentioned and various papers furnished by eminent physicians and by personal friends, will make a volume of several hundred pages, which cannot but prove of great professional and historical value, and at the same time its contents will be sufficiently varied to prove attractive to general readers, even for the few minutes they are awaiting attention in the physician's office. The book will be handsomely bound and illustrated. In order to accomplish this object, you are asked to send to anyone of the undersigned, whatsoever sum you may find it a pleasure to give towards the publication of this book, in memory of one who gave freely of all he had to his beloved Homœopathy. To all contributors to the publication fund, a copy of the book will be sent. Messrs. Boericke & Tafel, the well known publishers, have kindly consented to attend, without remuneration, to the distribution of the volumes; the artist furnishes the drawings as his contribution; there remains, therefore, as the sole expense of the book, the cost of paper, engraving, printing and binding. Whatever sum remains after paying these four items, will be presented to Mrs. Hering in the name of all the subscribers, of whose names a printed list will accompany each volume. C. G. Raue, M. D., 121 N. Tenth St.; C. B. Knerr, M. D., 112 N. Twelfth St.; C. Mohr, M. D., 555 N. Sixteenth St. [We suggest that we would appreciate more what Dr. Hering wrote and said more than what was said of him. This would be our idea of a "memorial" work, still if our eulogies must be embalmed, let it be royally done.—Ed.]

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THE CHICAGO ACADEMY.

The Chicago Academy of Homœopathic Physicians and Surgeons held their regular monthly meeting at the Tremont House, on the evening of January 6th.

Dr. Williams was called to the chair and Dr. Cross made secretary *pro tem*.

Dr. Williams announced that both essayists for the evening were necessarily absent, but that he understood Dr. Duncan had something to offer that would be pleasant to listen to. Also said that he endeavored in a polite manner to notify the Commissioner of Health that a Sanitary Committee had been appointed by the society, who desired to receive instructions from him, and was politely notified by said commissioner, that he was glad to hear of the appointment of such committee, but he had no use for it, and no instructions to give.

Dr. Duncan stated that he understood that an appropria-

tion of \$65.000 was called for, to defray the expenses of removing the garbage from the back alleys and placing it in the middle of the street. He had been recently through much of the city and his attention was called to that matter, and that was where he had found the garbage deposited; in front of the houses in the middle of the street, making a filling of some two or three feet in depth, which will decay and poison the atmosphere around. Said there were well authenticated cases of scarlet fever which had arisen *de novo* in the vicinity of putrefying organic matter, (*i. e.* slaughter-houses) and if scarlet fever prevails we need not be surprised. The practical question arises "what shall be done with this garbage?" The refuse from the kitchen should all be burned. Believed in cremation as far as that was concerned. That will dispose of it effectually.

Then "what shall be done with the ashes?" Thought it possible that sometime some enterprising Yankee might find there was a mint of money in those ashes. The soap manufacturers of the country send to Europe for soda ash, they pay a large price for potash, and here are both at their very door. Thought the removal of the ashes by the city might be made a matter of profit to them if properly conducted.

As a member of the medical profession, interested in the welfare of humanity he made an earnest protest against the method of disposing of the garbage adopted by the sanitary forces of the city.

Wanted to call attention to coal gas in producing sore throat and other symptoms that simulated diphtheria very closely. Had had several cases of poison from coal gas where people had been cooped up in small rooms, which were heated by coal stoves, burning at a great heat day and night. Cases of severe ulcerated sore throat, involving the whole mucous membrane, especially the tonsils, and a physician not familiar with diphtheria might naturally suppose it to be a case of diphtheria. In this condition of ulcerated sore throat there is an odor different from that of diphtheria. There is an offensive smell from the decomposing mucous membrane, fever, pressing headache and severe malaise, but in addition

there are gastric symptoms. There is little vomiting or diarrhoea, sometimes both, and sometimes this ulceration extends so far that it reaches the outlet of the biliary duct and we have jaundice symptoms.

Had had a number of cases of poison from coal gas with this same condition of throat in the severe winter weather of some years ago,

Dr. Cross considered himself not very well posted in reference to garbage, but knew it to be a fact that garbage was disposed of by piling it in the streets, and thought it a matter that ought to be attended to.

Thought there was a great deal of poisoning from ground air. The evil effects of refuse matter were not avoided, by carrying it off and covering it up near some house, because air penetrated very rapidly through the ground, and this same air filled with poisonous gases would pass up and through the dwellings near.

Agreed with Dr. Duncan's suggestion in regard to the disposition of garbage, but thought it would be difficult to accomplish. Thought the garbage of the kitchen would be difficult when to burn on account of the quantity of liquid in it.

Dr. Williams said his opinion was that there was very little potash to be obtained either from hard, or soft coal ashes; but thought perhaps the enterprising Yankee, that had been mentioned, might use them in making concrete which could be used to erect cheap cottages for laboring men, or for barns and out buildings.

Considered, inasmuch as the streets and back alleys of the city of Chicago were filled with an incalculable amount of filth, that would occupy the entire time day and night of Commissioner De Wolf from now to the expiration of his office, to carry out his present method of cleaning the streets. Said he could point out back yards where there were accumulations of ashes five feet deep.

In reference to garbage Dr. Williams thought it might be disposed of in the same manner as it is in Paris, and some of the European cities. The method is simply to drain off the liquid portion, and the solid portion can be destroyed by fire.

In Paris, a furnace is erected for the purpose of burning all refuse matter, and the garbage of the city is carried to this general receptacle and burned.

Dr. Williams considered it highly important, in view of the present death rate of the city, that something should be done to improve the sanitary condition of the city.

Had no particular personal interest in the matter but earnestly desired, as a member of the medical profession, to agitate this question, until all should see the necessity of efficient action.

Dr. Wells had had on the south side, many cases of ulcerated sore throat, but few cases of diphtheria. Said that this winter in the little village of Ludington, Michigan, diphtheria had prevailed extensively. There had been 150 cases of diphtheria, and forty-four deaths, within the past two months. Questioned, why, in a little town without sewerage, there should be such an epidemic.

In reply to the question as to what was the sub-soil of the place, the answer was sand, but that there was a marsh there, also that it was a pine country, surrounded by timber.

Dr. William's idea was, in regard to diphtheria and scarlet fever, that while filth was the natural source from which those diseases sprung, yet in itself it did not produce either disease. Filth was the same in all places whether underneath the house, or in the sewer, or elsewhere. The noxious gases that arose from decomposing matter acting upon the system lowered its vitality, and in the lowering of that vitality established the form of disease developed by the presence of those germs, or the respective germs of diphtheria, scarlet fever, or some other disease.

Said, it was possible for the germs of disease to be present on the mucous tissues of any body, but if there was a strong and healthy condition of that body, the attack could be resisted.

Dr. Duncan thought the cause of scarlet fever might perhaps be attributed to the Carbonate of Ammonia in the atmosphere in the winter season.

Said, it had been observed by older physicians that after a great fall of snow scarlet fever was prevalent.

Snow brought down a good deal of Ammonia and in that condition of the atmosphere the development of scarlet fever was apparent.

In regard to the cause of diphtheria, he did not think that the cause, as yet had been really discovered. Considered it possible that the biliary elements acting upon the saliva had something to do with the poison called diphtheria. Called attention to the fact that diphtheria raged in moist and damp weather rather than in the dry and cold.

Dr. Williams considered diphtheria infectious rather than contagious.

Dr. Wells asked the opinion of the physicians present as to the use of *Phytolacca* in diphtheria; stated that during a practice of sixteen years she had used that remedy in the disease, and had not lost a case; had used other remedies with it.

Dr Duncan wanted the opinion of the society as to the action of prophylactics for diphtheria. Said he had found Iodide of Mercurius very successful as a prophylactic.

Then an interesting discussion followed between Drs. Cross, Duncan and Williams in regard to the distinction between membranous and diphtheritic croup.*

On motion the meeting adjourned.

How to Cure Fits of Sneezing.—Mr. Bradley caught a severe cold. accompanied by annoying fits of sneezing upon the slightest impact of cold air. He says: I plugged my nostrils with cotton wool. The effect was instantaneous; I sneezed no more. Again and again, I tested the efficacy of this simple remedy, always with the same result, however near I was to a sneeze, the introduction of the pledgets, stopped it *sur le champ*. Nor was there any inconvenience from their presence, making them sufficiently firm not to tickle, and yet leaving them sufficiently loose to easily breathe through. This is really worth knowing; for incessant sneezing is among the greatest of smaller ills; and it seems only a rational conclusion to hope that in this simple plan, we may have the most efficient remedy against one of the most distressing symptoms of hay fever.—*British Medical Journal*.

* See "Teething and Croup" or "Diseases of Infants and Children."

Surgical Department.

RADICAL CURE OF HERNIA,

BY J. G. GILCHRIST, M. D., DETROIT.

On the street to-day, I met a former patient, whose case I do not now recall having reported, which at this particular juncture seems to me is worthy of a place in our published records. So much is said of antiseptic sprays, Heaton's method, and other popular topics, that it may seem like the extravagance of temerity or ignorance to attempt the treatment of hernial conditions, without pressing one or the other into the service. However, there is nothing so successful as successes, is truly said, and a fact is always a fact.

October 29, 1879, my friend, Dr. J. D. Craig brought Jacob Reuter, No. 120 Kentucky street, of this city, to see me. On examination found an immense hernial tumor on the left side, inguinal and irreducible. The tumor had not been reduced for two years, and measured thirteen inches in its long diameter, by eleven in the shorter. He was a stone-mason by trade, and was completely unable to pursue his work. He had been to Germany, but the hospital surgeons pronounced his case incurable, and declined to operate. In New York and Detroit he visited several hospitals, but in every case the opinion of the German surgeons was reiterated. He finally came into the hands of Dr. Craig, who knowing that I had succeeded in affecting a radical cure in some cases, brought him to me as above. Notwithstanding incarceration was complete, and nothing made the least impression as to reduction, an operation was proposed and accepted, and a day set for the attempt.

November 6th, assisted by Drs. J. D. Craig and Wm. M. Bailey, the operation was performed as follows: The scrotum being shaved, a long incision was made from a point an inch above the external ring, to the bottom of the scrotum.

The intestines were found to be firmly attached to the surrounding parts, particularly at the ring, within which it was found impossible to insinuate the finger. On freeing the parts from adhesion in the scrotum, there was found beneath the intestinal mass, a large hydrocele. This was emptied by a long incision, and a portion of the tissue removed. The adhesions in the ring were gently broken up, the edge of the knife being sparingly employed, and the mass returned into the abdomen. The ring was found enlarged, and after freshening the edges somewhat, was closed by two or three carbolized cat-gut sutures. The external wound was partly closed, a light compress and bandage applied, and the patient put to bed. After the operation the temperature was 93.8, and the aspect of affairs was not good. Hyperic. was given, and diluted tincture of the same applied to the parts.

The recovery was slow. Erysipelas set in on the fourth day, and the parts became so enormously swollen that Arsenic was given. Suppuration was profuse, but after the ninth day there was an abatement of all bad symptoms, and everything moved along steadily until he was discharged, practically cured on Dec. 5, 1879. To-day, Feb. 1, 1881, I met him in the street. There has been no return of the hydrocele, and the hernia will occasionally protrude very slightly, for which he wears a truss. He is able to work, and suffers no inconvenience whatever. If there should still be a tendency to protrusion after six months, I may employ Heaton's method, although the long traction on the mesentery has produced such elongation that it can hardly be expected perfect recovery can ensue for some time yet.

Acute Rheumatism.—The treatment of the disease by rest, by a comfortable bed, by good hygienic measures, by careful nursing, by local and general anodynes, is apparently all that can be done. Notwithstanding what has been advanced to the contrary, so far as our hospital statistics dealt with the matter, no specific cure for rheumatism appeared to exist, while all drugs hitherto administered—Salicylic acid and its congeners not excepted seemed palliative rather than curative in their action.—*Dr. R. Southey.* [Try Homœopathy Dr.]

Materia Medica Department.

JABORANDI.*

PILOCARPUS PINNATUS.

Habitat: South America, etc. Tincture of dried or fresh leaves and root, Class III.

Through the cerebro-spinal nervous system, Jaborandi has ten special centers of action:

- I. GLANDULAR SYSTEM. *Salivation and Copious Perspiration.*
- II. MAMMÆ. *Galactagogue.*
- III. KIDNEYS. *Diminished Urea.* (BLADDER. *Contracted*).
- IV. STOMACH. *Gastric Juice Increased.* (LIVER. *Secretions Lessened*).
- V. CIRCULATION. *Excited, with Lessened Blood-Pressure.*
- VI. HEART. *Inhibitory Nerve Centers Paralyzed.*
- VII. TEMPERATURE. (1) *Elevated*; (2) *Greatly Depressed.*
- VIII. EYES. *Pupil Contracted; Increased Intra-Ocular Pressure.*
- IX. UTERUS. *Slight Uterine Stimulant.*
- X. SEROUS MEMBRANES. *Dropsical Effusions.*

Glandular System.—The two most marked physiological effects of Jaborandi are sweating and salivation. These effects are produced with a promptness and to a degree unequaled by any other known drug. Prof. H. C. Wood says: "When an infusion of from sixty to ninety grains of Jaborandi is given to an adult, in about ten minutes the face and neck become deeply flushed, and free perspiration and salivation commence. After a hypodermic injection of the alkaloid, the symptoms commence in from two to six minutes.

* From Burt's Physiological Materia Medica.

The sweating begins on the face; both it and the salivation are excessively profuse, and last from three to five hours. There is not rarely nausea, and sometimes even vomiting. The pulse is usually more or less quickened, as is also frequently the respiration. After the sweating has ceased, the patient is left more or less exhausted. The nasal and lachrymal secretions are also very generally increased, and M. Gubler has noted diarrhoea.

"The sweat produced by Jaborandi is often enormous in quantity (nine to fifteen ounces by estimation). It is stated to be first acid, then neutral, and finally often clearly alkaline. In the analysis of M. Robin, the chlorides were found in excess, the carbonates and phosphates in very minute amount, and the urea in more than five times its normal proportion, the amount eliminated in the sweating being estimated at from ten to fifteen grains. M. M. Hardy and Ball believed that in their experiments the average amount of urea eliminated by the skin was seventeen grains."

The abundant perspiration is apparently not due to increased afflux of blood to the surface, but rather to a paralysis of the inhibitory influence of that portion of the nervous system that presides over the sudatory apparatus. "Dr. Fuchsinger (confirmed by Nawrocki) has found that section of the nerves of the cat's leg did not prevent the paws from sweating when Jaborandi was exhibited. This demonstrates that the action of the drug is peripheral, not centric. Five or six days after the section, when the peripheral nerve endings had undergone degeneration, Fuchsinger found that Jaborandi was unable to excite sweating. This can, however, hardly be considered to absolutely prove, as Fuchsinger claims, that the drug acts upon the peripheral nerve endings, and not directly upon the glandular cells themselves; since it is possible that these glandular cells shared the anatomical changes of the nerve-endings."—*Wood*.

Dr. Bartholow says Jaborandi probably effects the end organs of the excito-secretory nerves.

The Muriate of Pilocarpin injected hypodermically, in doses of one-fifth of a grain, produces the same effects iden-

tically with those of Jaborandi taken internally; but the effects of Pilocarpin are more promptly produced and much more lasting; and, when sweating fails to take place under the operations of Jaborandi, it is invariably excited by Pilocarpin; and it is less apt to produce vomiting. It has also produced cold on the left side of the body.

Salivary Glands.—When the patient begins to sweat, his mouth begins to water, and the flow of saliva is so rapid and so copious that he is unable to speak; and, during the hour or two that the secretion lasts, there is often one quart of saliva secreted. Dr. H. C. Wood says: “There appears to be some relation between the flow of saliva and that of perspiration produced by Jaborandi; if the one is very profuse, the other is often, but not always correspondingly scanty. Sometimes the salivation almost replaces the sweating; very frequently it commences before the sweating, and often it is more persistent. During the salivation, the mouth is warm, and there is often a feeling of tenseness about the maxillary glands. The saliva contains an abundance of salts and of ptyaline, as well as a small excess of urea. It is stated, however, that the proportion of albuminous compounds, and especially of Sulpho-cyanide of Potassium, is much diminished, the latter, indeed, being almost wanting (Pilicier). The free salivary secretion appears to be due to a direct action upon the gland or its nerve-peripheries. According to J. N. Langley, in the frog, the mouth and skin, after the exhibition of Jaborandi, become covered with a viscid secretion; in the dog, rabbit, and cat, there is profuse salivation. The effect upon the salivary secretion must be due to a direct influence upon the gland, as it is produced equally well after section of all the salivary nerves (confirmed by Schwan); also when the drug is injected directly into the gland and prevented from entering the general circulation (Langley). According to the elaborate experiments of Langley, very small doses cause in the cat great increase of secretion. Stimulation either of the chorda or of the sympathetic nerve causes respectively some increase or lessening of the secretion; but this increase or lessening

is not nearly equal to that which occurs in the normal animal, and is due to the action of the nerves upon the circulation, and not to any influence of their secretory fibres. Very large doses of the drug injected into the gland immediately arrest the secretion, and paralyze both chorda tympani and sympathetic nerves, so that stimulation of them has no effect. It is, probably, from the last fact, that Jaborandi has an action upon the gland-cells themselves.

“Although the evidence just adduced indicates that an influence is exerted by Jaborandi upon the gland-cells, the fact that Atropia arrests the Jaborandi salivation prevents us from considering it settled that the drug does so act upon the salivary gland-cells than upon the peripheral nerves, especially since there is reason for believing that the sweating which the drug causes is due to an action on the peripheral nerves.”

Mammæ.—This remedy greatly promotes the secretion of milk, and may be called a true galactagogue. One would think, from its causing such profuse discharges from the skin and salivary glands, that the secretion of milk would be arrested instead of increased. Dr. Ringer has used Jaborandi with success to *increase the secretion of milk*; and Dr. Bartholow says he has used a fluid extract of this drug successfully in a case of deficiency in the secretion of milk of a nursing woman.

Kidneys.—The action of Jaborandi upon these organs is not yet understood. M. Gubler states that Jaborandi, given in small and repeated doses, acts as a diuretic; but usually the urine, I believe, is not increased, and the urea is greatly diminished. .

Dr. Ringer says: “In many cases, Jaborandi produces pain, often severe over the pubes, with a distressing, irresistible desire to pass water, the pain at once subsiding on emptying the bladder.” As the quantity of urine is not increased, it is probable that Jaborandi excites contraction of the bladder.

Heart and Circulation.—“In the human subject, Jaborandi always quickens the pulse, my original assertion on

this point having been subsequently abundantly confirmed. Strange to say, Mr. Langley finds that it slows the heart of warm-blooded animals and frogs. As regards frogs, I have repeatedly verified this statement. The pulse is increased in man from forty to fifty beats, the accelerated rate continuing more than four hours; at the same time the pulse is weaker. Jaborandi slows, and at last arrests, the heart of frogs, whether injected under the skin or applied directly to the heart. The heart stops in wide diastole. If, when the heart is greatly slowed, or even stopped, a minute quantity of Atropia is directly applied, the heart soon begins to beat again, and, ultimately, quite or almost recovers from the effect of the Pilocarpin. Mr. Langley's experiments lead him to conclude that Jaborandi slows and arrests the heart by stimulating the same apparatus that Atropia paralyzes, and so quickens the heart, namely, the intra-cardiac inhibitory apparatus.—*Ringer*.

Wood says: "Full doses of Jaborandi paralyze the cardiac inhibitory nerves. The final arrest of the heart, which occurs in diastole, is preceded by very irregular action. According to Langley, the ventricles always stop first. The fall of arterial pressure is probably in part independent of the cardiac slowing, as Langley has found that it precedes the latter when the drug is very slowly injected. The exact influence of the drug upon the vaso-motor system, however, still needs elucidating."

Bartholow says: "The action of the heart is increased by Jaborandi; but the arterial tension is notably diminished. The rise in the pulse-rate averages 20 beats; and the duration of this effect is about two and a half hours. A very distinct fall of temperature (0.5° to 2° F.) ensues when the sweating begins, and this decline of bodily heat is maintained, on an average, about four and a half hours."

Temperature.—The action of this drug upon the temperature is well marked. "M. Robin affirms, that, before and during the early stages of the sweating from Jaborandi, the temperature rises 1° to 2° F., but afterward falls as much below the normal point, and remains depressed for one or

two days. This primary rise of temperature has been noted by other observers (Ringer, Greene, Scotti, Pilicier and Weber), but is certainly frequently absent altogether, or very trifling. The subsequent fall of temperature seems to be a very constant phenomenon when the action of the drug is sufficiently severe; it probably depends in great part, or altogether, upon the loss of heat during the sweating."—*Wood.*

Dr. Ringer also thinks there is no doubt that the fall in temperature is due to the perspiration, heat being lost by increased evaporation and radiation, more blood being probably sent to the skin during the sweating period.

Digestive Organs.—The profuse salivation has already been fully noted. Through a fistula in a dog's stomach, it has been noted that Jaborandi greatly increases the secretions of the stomach, and the biliary secretion appeared to be lessened. Through its action upon the vagi, it not unfrequently excites nausea and vomiting. This sickness can be accounted for, at least in part, from the large quantity of saliva swallowed. Often the vomited matter consists solely of saliva. In some few cases, it has produced diarrhœa; but, as a rule, the bowels are not affected by Jaborandi; when they are, the stools are copious and watery.

Cerebro-Spinal System.—This drug is a feeble narcotic, as shown by stupor. This drowsiness is probably not due to a direct action of the remedy on the cerebrum, but to the greatly diminished vascular tonus, and to the loss of fluid from the vessels. It often produces frontal headache, with vertigo.

Motor System.—"In man, muscular tremblings have been observed during the action of Jaborandi; but it is doubtful whether they are due to a direct action of the remedy. In the frog, there seems to be a very slow loss of reflex activity. On the whole, the evidence points to the drug as having very little influence over the muscular or motor nervous system."—*H. C. Wood.*

Eyes.—The action of Pilocarpin upon the eye is strongly marked and of great value to the oculist. "When applied

to the eye, Pilocarpin produces great contraction of the pupil, tension of the accommodative apparatus, and an approximation of the nearest and farthest points of distinct vision. Mr. Tweedy states, that there is impairment of vision, due to benumbing of the retina. Galezowski, who uses a solution of one part of Pilocarpia salt in fifty parts of water, affirms that it answers as well as a solution of Eserina in diseases of the eye, and has the great advantage of not producing irritation."—*Wood*.

"No characteristic or constant changes in the fundus of the eye have been observed on ophthalmoscopic examination. The eye resumes its normal state in about an hour and a half."—*Tweedy*.

The lachrymal secretion is increased, and also that of the nasal mucous membrane.

Dr. M. Lundersberg says: "Pilocarpin has favorably influenced the absorption of intra-ocular hæmorrhages, and opacities of the vitreous and aqueous humors, in a more reliable and effective manner than any other absorbent remedy known up to the present time."

Scalp.—Dr. Schmitz made hypodermic injections of Pilocarpin in two ophthalmic cases, on account of its power of absorbing morbid products, and witnessed in both cases a fresh growth of young hair in persons who had been bald for years.

Uterus.—Many physicians believe that Pilocarpin has decided abortifacient powers, from several cases of abortion produced in pregnant animals by the use of hypodermic injections; but this physiological fact has yet to be proven. "The subcutaneous injection of the Hydrochlorate of Pilocarpin, made during pregnancy, excites the uterus to contract. If the injection be given in the first stage of labor, it stimulates uterine contraction. In cases of normal labor, where uterine contractions are not strong enough, this drug may be given successfully."—*London Lancet*.

Lungs.—Through the vagi, the bronchial mucous membrane is stimulated to increased secretion.

Jaborandi does not act upon children with the same power

that it does on adults; consequently they require larger doses.

THERAPEUTIC INDIVIDUALITY.

Chest.—The most useful sphere of Pilocarpin is found in dropsical effusions, especially of the pleura and lungs. Many cases of local dropsy have been reported cured by this remedy.

“It is a remedy of great value in cardiac dropsy; its therapeutic power being much the same as the vapor or hot-air bath, by promoting free diaphoresis.”—*Bartholow*.

“Ascites, hydrothorax and pleuritic effusions have been quickly removed by this agent.”—*Bartholow*.

“In asthma (humid) with profuse expectoration, and in bronchitis with abundant non-purulent expectoration, it has often been very beneficial.”—*Bartholow*.

Pain in the chest of a stitching character.

Heart's action, irregular, intermittent, and increased.

Urinary Organs.—In renal dropsy, after scarlatina, or Bright's disease, Pilocarpia has acted well.

In diabetes insipidus, Pilocarpia has reduced the secretion of urine one-half; and two cases have been reported cured.

Sexual Organs, Female.—Dr. Bidder (in the *Medical Times and Gazette*) has seen most favorable results follow the use of Pilocarpin in cases of marked œdema in pregnancy, after prescribing it for patients suffering from œdema of the face, labia, and extremities; he has never seen uterine pains excited by its use, although the œdema very rapidly subsided.

Dr. Sanger has reported three cases of puerperal convulsions cured with hypodermic injections of Pilocarpin; but almost immediately after the injection, there were symptoms of marked suffocation, the patient, in her stupor, being unable to swallow the great secretion of saliva. In nursing women, where the secretion of milk has been very deficient, Dr. Bartholow has used the fluid extract with complete success; and Dr. Ringer has used it successfully in galactorrhœa.

Many physicians have used it successfully to stimulate uterine contractions.

From its power of causing flushing of the face and exciting the pulse; from the gone feeling in the abdomen and profuse sweating and nervous restlessness,—I predict that it will rival Lachesis in the flushings of women at the climacteric.

Skin.—It must prove our sheet-anchor in profuse night sweats. Dr. Ringer has cured several cases of unilateral sweating, using it hypodermically.

“Pilocarpia, in doses of one-tenth of a grain, given thrice daily, will cure profuse night sweats.”—*Ringer*.

In secondary syphilis, and ichthyosis, it has acted well. Dr. Phillips suggests that the Iodohydrargyrate of Pilocarpa be used in secondary syphilis.*

Prurigo is greatly palliated and often cured by the use of this drug if given strong enough to produce copious perspiration. One-sixth of a grain of Pilocarpin is generally strong enough. In many skin diseases, as a palliative to soften up the tissues, it is invaluable. Prof. Hebra has great confidence in Pilocarpin in skin diseases.

Scalp.—Prof. Peck cured ten cases of alopecia out of fourteen cases.

I believe, that the hypodermic use of Pilocarpin, in many cases of baldness, will completely restore the hair, by its wonderful action upon the skin.

Digestive Organs.—For salivation from diphtheria, no remedy known to man can equal it, the profuse flow of saliva being dried up in a few hours, almost as rapidly as if the gland was a sponge filled with water, and you had used your hand to squeeze the water out; and I presume it will do the same for Mercurial salivation.

For mumps, it must prove a specific.

Loss of appetite, with bitter taste.

Empty, gone feeling in the bowels.

Thin, watery, copious diarrhœa, with slight nausea.

Fever.—In intermittent fever, this remedy is making many cures. One-fifth to one-tenth of a grain produces copious perspiration in a few minutes, and arrests the chill at once.

Gynecological Department.

EXPERIENCE WITH PUERPERAL CONVULSIONS.

BY J. I. ASHBURGH, OSAGE CITY, KANSAS.

In October No. 272, page 325, is a case of eclampsia reported by Dr. Near, of Watseka, Ill., which after reading I thought as did Dr. Randall, of Lexington, Mich., and took up his article (reported in No. 274, Nov. 15, 1880, page 395), with some interest. "I asked myself the question, why was this case reported?" etc. While Dr. Randall made a bold start, he certainly made as complete a failure — with the exception that he reported four cases. There was certainly as much sense in the one article as in the other. As the last one strikes me the most forcibly, I shall look more particularly after it, especially that "good advice to a *young physician*."

I *am* a young doctor, and I certainly think that Dr. R. should be ashamed of such advice. But some will say, why? Let us see: "Chloral uniformly stopped the spasms at *once*, and is therefore the remedy *par excellence* on which to rely." Why not say the *specific*? Before proceeding further, I wish to refer to three cases I have seen.

CASE I. This case was in my early student-life. Lady, twenty-eight, my preceptor attended her; she got Chloroform, Chloral, Opium, forcible dilation as in Dr. Near's case, more Chloral — and death ended the scene. For the life of me I do not see why Dr. N.'s case is not looking down from the portals of heaven at him, too.

CASE II. Was called to see a lady thirty-six years, (the family physician was absent at the time). Found the woman in a convulsion. I took the thing as it was; my diagnosis

was apoplexy and I prescribed accordingly. I remained one and one-half hours, when the family physician came, and I left. I learned afterwards that the patient became conscious about forty-eight hours after, and in three weeks was delivered of a child. I think Chloral would have sent this one with number one.

CASE III. Was called seven miles into the country to attend a case they thought "would have fits." Found patient in bed very stupid, and complaining of a terrible throbbing pain through temples and on top of head, as though the head would burst; pupils dilated. The husband said, "she is a going to have fits; would have had them but I give her a dose of this. She had fits the last time and the doctor give her this." I looked, and lo Chloral! Now I had just read Dr. Randall's experience, and of course I had the *specific*. On examination found considerable hypertrophy of os; very rigid but not much pain. Turning round, I said, you have called me too *soon*. Now as I could see no indications for Chloral, I gave her Belladonna and Pulsatilla with orders if this will not control the pain, and she has a "fit," give her of your medicine (Chloral), and when pain or fits set in, let me know, and left. I learned that she had at last confinement four convulsions before, and three after confinement. Mother of eleven children, but only three living, most of them still-born. I did not get a summons for three weeks, and then the messenger said she was having "fits." Found her very stupid, could hardly rouse her, talking incoherently, and when roused, the only pain was in her head. "The medicine we have given all; she has had three fits about one and one-half hours between; it don't seem like this will stop them. That medicine you left made her head easy as long as it lasted. I give this (Chloral) every half hour." I made an examination and found os dilated about the size of a silver half dollar, and very sensitive to touch. As I tried to dilate, she had a slight convulsion and I stopped. Now she had had an ounce of Chloral and should say about ten grains to one drachm, as it was fixed by the "old doctor" I could only guess. *A teaspoonful was a dose*

as directed. But the specific remedy, Chloral, did not strike me so much as what was the cause of this. I thought it was from irritation of the os, and there was marked hypertrophy of the os and marked hyperæsthesia. To control this, I called for some oil and got lard. A teaspoonful was melted and to this I added one drachm of tincture of Belladonna. (Now another hard convulsion, making four). I took a piece of cotton wool as large as a walnut and saturated it with the ointment, and packed it firmly against the os, and gave Belladonna internally every half hour. In one hour she was easy and had a good, refreshing sleep. An examination found os dilating slowly, but it was not near so sensitive, and as I had a cordial invitation to a warm bunk, I turned in, with orders to be called if all did not go right. Had a good sleep and found a nice breakfast, after which I went to see my patient. Found her resting very easy, no pain; os still dilating; pupils more normal. Left my patient on Bell. and went home; said I would call after dinner. One P. M. found my patient in labor, and in one hour had an eight-pound girl, healthy. Patient in good spirits and having considerable regrets as to its not being a boy. After several attempts the after-birth would not come, and she said to her husband, "John, get that ar big bottle till I blow in it, and 'twill come." But it did not come; made traction on cord myself but of no avail whatever. Considerable flowing; found I had more trouble and so I began to think "dum it." With this came the word, "doctor, I think she is wasting too much, don't you think so?" and of course I thought so, and proceeded at once to detach it, the only thing to do. I found very strong and firm uterine contractions. The adhesions were so firm, that with great difficulty I removed the placenta, and found a very great tendency to a collapse, all the symptoms now pointing to irritation again, stupor, indifference, etc. But after one hour of waiting to see what was coming next, she again rallied and got brighter, having all the time given Bell. Now concluding that she would be bothered with clots producing after-pain, I left her on Gelsemium.

Now here are three cases, the first got Old School treatment with advice to "young doctors" and Chloral and died. The other two got all medications, for medication supplied and both had a happy recovery. I should have said did not see number three after leaving house, but in twelve days they called for some medicine for diarrhœa from eating boiled cabbage. They said it was the best recovery she ever made. Can only see one course of treatment, and that is to meet the indications of each individual case. It is very true that these are very trying cases, not only to ourselves but heart-rending to the friends. The proper treatment would be to remove the cause and control the irritation present, whether central or peripheral. I believe it is the latter—a reflex action of the nervous system. The majority attribute the cause to albumenuria; if this is the case, and we can so determine, then can not we do better than control nervous excitability by Chloral, or even the lancet? God spare me from the latter! If so then meet the indications in each individual case. "Convulsion is a spasmodic contraction of the muscular fibre from irritation, direct or indirect of the spinal cord and muscular nerves." Bedford.

I am satisfied of one thing, and I should be very glad if I could convince other "young doctors" of the same and that is, let every specific alone, even Chloral and the lancet, and use such remedies as each individual case called for at the time.

CHILD'S HEAD BURST DURING DELIVERY.

January 15, 1881, 12 o'clock noon, was called to see Mrs. H. W. in labor with second child. First child still living, born six years ago, at which time patient said she had a very hard time and came near dying. Was informed that "the waters had broken" some ten or twelve days before, and that the discharge had been very profuse at times ever since until within about thirty-six hours. Patient had not felt

life since early in the morning, and then only feebly. Had had some pains ever since the discharge of water began, but real labor pains had only began about middle of the forenoon.

I found the os dilated and the head coming down, parts dry and progress slow. Diagnosed hydrocephalus. Head large and yielding; progress continued slowly till the inferior strait was reached about ten o'clock P. M., a portion of the sac-like head even beginning to protrude as far as between the labia. The pains were regular but seemingly not more severe than usual. All at once I heard a gush, the patient remarking that "the waters had broken again." Upon going to make an examination, found just outside of the labia what I thought was a blood clot, but on getting it out from under cover I found it to be brain substance. I then found the head collapsed and flattened, it having bursted and discharged its contents. Found cord around the neck. I disengaged the cord and got hold of the bones of the head, pressed them together, and with a little traction the child was born; dead, of course, and in my opinion had been for some hours. I cut the cord and had the child removed. Patient had no after-pains; tried to induce them by kneading the abdomen, but could not. Made slight traction on the cord when it came away, leaving the placenta still in the womb. Tried for half an hour to induce pains but could not. I then introduced my hand and brought away the placenta. Womb contracted nicely and patient felt comfortable. The child was a boy, and presented a large head, from which the contents had all been discharged through a hole in the vertex about one and one-fourth inches long, which had bursted open at the time spoken of above.

The occipital bone was lower down than natural, obliterating the neck behind. There was a bifurcation of the spine in the middle of the dorsal region for about one and one-half inches. Otherwise the child was well formed.

I report this case, as I never heard before of a child's head bursting, and thinking it might be interesting to some.

LITCHFIELD, Mich.

JAY O. SPINNING.

PUERPERAL CONVULSIONS.

In the February number of this journal, page 137, is an article on puerperal convulsions or rather a case reported. I think the doctor is somewhat mistaken when he says that puerperal convulsions come on without any premonitory symptoms that would lead a physician to guard against them. There are three forms of convulsions usually classed under the head of eclampsia, the apoplectic, hysterical and epileptic. The two former should be left entirely out, for they are unquestionably separate and distinct diseases occurring in the non-*puerperal* state. It is true, however, that these forms of convulsions occur in pregnant women *but not without symptoms*. We are sure to have an hysterical or apoplectic diathesis with the symptoms which accompany and precede these diseases, which should put the wary physician on his guard. The history of true eclampsia is different from epilepsy, although the spasms while they last are identical as those of an ordinary epileptic fit occurring in the non-pregnant.

I have never seen a genuine case of eclampsia which was not preceded by well marked precursory symptoms, a knowledge of which may be of great practical benefit to the younger members of the profession. I will not attempt to enumerate the symptoms of hysteria, which are legion, nor of apoplexy, but in a few words point out the characteristic symptoms which I have observed to precede an attack of eclampsia. The most important symptom is bloating of the face and upper extremities. There may or may not be albumen in the urine when the bloating first makes its appearance. But I have never seen a case of true eclampsia where albumen was not present in the urine, at the time of the convulsions. This œdema of the subcutaneous cellular tissue is caused from a diseased condition of the kidneys, very similar to that found in post scarlatinal dropsy, and requiring the same treatment. Severe headache is complained of sometimes, confined to one side of the head, with vertigo. She has spells of blindness and dizziness. The whole body

feels numb and strange. These symptoms pass off with stupor, she has a great deal of trouble with the stomach, violent crampy pain in the stomach which is often present at the beginning of the spasm. These are some of the symptoms that precede an attack of puerperal convulsions. The most prominent symptom and the one which require our immediate attention is the bloating of the face and upper extremities. Whenever a pregnant woman discovers that her face and upper extremities begin to bloat, she should at once consult her family physician, and he should make a thorough examination of her case, and direct his treatment to the kidneys. Every physician should inform his puerperal patients to consult him at once should any of the above symptoms make their appearance during gestation. The remedies to be thought of in this stage of the disease are Ars., Apis., Apocynum canab., Hydrangia, and Mere. cor. I may be told that a pregnant woman may have all of the symptoms and not have puerperal convulsions which may be all true, but on the other hand she will not have true eclampsia unless some of these symptoms are present.

The symptoms of puerperal convulsions are so prominent and frightfully strong that we will never mistake the disease after one first well marked case. The attack is usually sudden in its onset, sometimes, however, there will be violent pain in the head and stomach just before the convulsions make their appearance, when all of a sudden there is violent spasms of the voluntary muscles alternating with relaxation which produce violent strugglings and contortions which strike the attendants with terror and dismay. The spasms resemble those of epilepsy and the convulsions of children only more frightful in their general appearance. The face becomes livid and cyanotic by the increased quantity of blood with which the vessels are loaded, the throat also seems to swell, the carotids beat violently and the jugular veins appear prominent and gorged with blood. The eyes seem starting from their sockets and are drawn upwards, one to the inner and the other to the outer canthus, so that nothing but the white sclerotics remain visible through the half open lids.

The tongue is invariably protruded beyond the gums and is often dreadfully lacerated by the violent grinding of the teeth. A couple of corks put between the teeth at the commencement of each convulsion will in a measure prevent this accident. Frothy saliva tinged with blood collects around the mouth, the breathing is deep irregular and labored. There is absolute unconsciousness and insensibility and the general appearance of the patient so changed as to become unrecognizable. After a few minutes the muscular contractions cease and the patient slowly recovers consciousness. She appears as if she were awaking from sleep and is wholly unaware that any thing uncommon or dangerous has happened. In a short time she will most likely complain of a violent pain in the stomach and head. These symptoms are apt to quiet the fears of those present, their favorable expectations are however of short duration, for another attack will presently make its appearance, when all are again thrown into confusion. When the attack is severe and the spasms recur, often consciousness will not be restored, but during the interval there will be profound coma with stertor. The noisy respiration, the coma and the livid cyanotic face very strongly resemble the symptoms manifested in a person poisoned by Opium or Morphine. If the convulsions come on during the latter months of gestation, labor may be expected to follow with death to the child, as a rule. In regard to hastening labor by manual interference, I think the rule laid down by Prof. Leavett, of Hahnemann College, Chicago, should be strictly observed, here if in no other instance. He says (with marked emphasis) never attempt to apply the forceps nor podalic version unless the *uterus is dilated or dilatable*. Manual interference in a case of puerperal convulsions with a rigid os would by irritating the nervous system increase the spasms and make a bad matter worse, but whenever the os is dilated or dilatable, rupture the membranes and complete the labor as soon as possible.

In the management of eclampsia we make every effort in our power to control and subdue the convulsions. I am not in the habit of prescribing the high potencies in these cases,

probably because I am not well enough acquainted with our materia medica to make the proper selection. I commence the treatment by dissolving one grain of Morphine sulph. in ten teaspoonfuls of water, and give a teaspoonful every ten or fifteen minutes. If the patient is unable to swallow, I give by hypodermic injection one-third grain Morphine every few hours, so as to keep the patient well under its influence. At the same time administer by inhalation Chloroform or Nitrite of Amyl, I have had excellent results from Nitrite of Amyl 1x thirty drops put into ten teaspoonfuls of water, and a teaspoonful given once in five or ten minutes. In the hysterical form of spasms it is almost a specific. I sometimes give the Nitrite of Amyl and Morphine in alternation, with satisfactory results. When we have controlled the spasms we should direct our treatment to the kidneys. A warm flaxseed poultice should be applied over the region of the kidneys and the patient kept as quiet as possible, and some one of the following remedies given: Apocynum cannabinum, Hydrangia, Apis mel., Ars., Canth. and Merc. cor. I prefer Apocynum and Merc. cor., unless some other remedy is strongly indicated. F. B. SMITH.

Hot Water Injections in Post Partum Hæmorrhage.—Dr. Stedman referring to the fact that injections of hot water had been advised for the arrest of *post partum hæmorrhage*, wishing to warn the profession that in his experience the remedy was untrustworthy. He relates the following case: A young lady in her third confinement had considerable hæmorrhage, which went on from bad to worse, affecting the pulse, and causing the patient to faint. The uterus was thoroughly emptied of clots. Ice was introduced into the uterus, but was of no service. An injection of hot water (117° to 128°) was then made into the uterus, and, as no contraction followed the injection was repeated, the tube being carried to the very fundus. There was no effect. A wad of cotton was next soaked in a solution of the liquor ferri persulphatis, one part to four of water, and carried by hand into the uterine cavity. Contraction immediately ensued, and there was no further hæmorrhage. The patient made a remarkably good recovery.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

BROOKVILLE, Ind., Feb. 10.—Prevailing diseases are: Measles, croup, and ulcerated sore throat. Remedies used in measles: Aconite, Bry., Bell.; croup, Aconite, Hepar sulph., Phos., Spongia and Brom., (Hepar and Brom. I consider indispensable); sore throat, mainly Hepar sulph. and Apis melif. J. DERX.

COLUMBUS, Ind., Feb. 9.—The winter in this section has been very dry, cold, and severe. Many old and feeble persons have been hurried to the grave. Consumptives likewise have suffered greatly from the extremity of the weather. Prevailing diseases: Pneumonia, typhoid fever, facial and occipital neuralgia. The first yielded readily to the indicated remedies: Aconite in alternation with Phosphorus, or in pleuritic complications; Bry. in alternation with Phos.; Ant. tart. in bronchial complications. Other symptoms met readily by the indicated remedy. The second, in the invasive stage, we found Bapt. and in drop doses, every two hours, to be a remedy of great value in modifying the attack. Also, Ars., Ipecac, Carbo veg., Mercurius, according to their several indications, were used with marked success. Neuralgias were generally met with Cimicifuga and Spigelia. J. P. KESTER.

Treatment of Nævi by Electrolysis.—Mr. S. J. Knott in the *British Medical Journal*, October 1880, p. 730, says that after having treated a very large number of cases of nævus by every means of which he has heard, has confidence in advising electrolysis to all who have not.

THE GYMNASTIC AND POSTURAL TREATMENT OF SPINAL CURVATURE.

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

Presented to the Missouri Institute of Homœopathy, at Hannibal, Mo., June 2, '80.

Some time since, after careful thought and observation, I came to the conclusion that, in the treatment of spinal curvatures and even in many other spinal difficulties, there was something else to be done besides the applying of jackets, corsets, braces, etc. All of these are of importance, indeed, in many instances are quite indispensable; but they have their place just as do gymnastics, localized movements, posture, etc. Of these latter I shall call your attention to-day. When a rotary-lateral curvature is first observed, instruct the patient to

1. *Walk for a short time daily say from fifteen minutes to a half hour, with the arms by the sides and an upright toy or cup of water on the head.* Practice of this kind tends to equalize the action of the muscles attached to the spinal column, and thus overcome the incipient curvature.

2. *Swing the arm of the depressed shoulder upwards and across the chest to the opposite side, while the other arm is thrown back of the body in the same way.* This should be done with a strong swinging movement. Exercise of this kind twists the rotated vertebræ back to their normal position, tends to lengthen the contracted muscles of that side and thus remedy the deformity.

3. *Passing the hand of the depressed shoulder through an elastic band attached to the opposite shoulder, and the other hand behind the back over to an elastic band attached to the hip of the opposite side.* This should be done several times a day for a length of time.

4. *A chair with the seat an inch to three inches lower on one side than the other, should be made use of several times a day.* The patient being seated with the side of the curvature on the lowest point of the chair seat, the efforts made to maintain her equilibrium will tend to correct the curvature.

5. Two rings, fastened to ropes suspended from the ceiling, one of which is an inch or two shorter than the other should be made use of as a swing. The hand of the side of the curvature should grasp the ring attached to the short rope. The weight of the body hanging by the hands in this way will tend to lengthen the muscles of the contracted side.

6. Two parallel bars may be used in the same way—one bar being an inch or so higher than the other—the patient swinging the body between them by the hands.

7. Narrow step-like elevations may be employed, each step an inch higher than the preceding, until the summit is reached, when the descent is made in like manner on the opposite side. The body being suspended by the hands in the air, the patient may either step with a bend alternately, or jump with both, from one step to the other.

8. Two parallel bars are firmly fixed two feet above the head. The bars are grasped by the hands and the body swung from side to side with an easy graceful motion. The muscles of the sides of the body are thus alternately exerted to contraction and relaxation, and their action, to a degree at least, equalized.

9. The rounds of a ladder suspended in this way may be employed. By commencing at one end and passing to the other by grasping a round in alternation with each hand, the muscles of the front and lateral portion of the body, and the back and lateral portion of the body of the opposite side will be alternately brought into play.

10. A number of rings placed at equal distances apart, and suspended from the ceiling may be used in a similar manner. The patient swings from one ring to the other, letting go of the last ring as he grasps the one ahead.

11. Horizontal bars placed a few feet apart, the patient swinging from one to the other without touching the ground. During all of these experiences the patient's body should be suspended from the ground. No jumping should be indulged in. I have at my residence a regular gymnasium with all the apparatus mentioned, and much more, and upon which

my patients exercise daily. Besides correcting the tendency to spinal deformity, it builds up the constitution of the subject—makes him eat, sleep, and rest—because physically tired. If the brain is overworked, the patient mentally weary, the regular physical work brings about a balance that is productive of the greatest good.* If the patient sits sideways upon the piano-stool, or lounges in his chair, the exercises I have mentioned—habits which often cause the difficulty under consideration—make the patient straight in spite of himself. Even in cases of angular curvature or Pott's disease, these exercises are serviceable. The hanging of the body from the spine tends to lengthen it, separate the diseased vertebræ, and inter-vertebral substances, and thus benefit the patient. When Wyeth's apparatus or my own improved is used, the patient is always helped, from the fact that whatever length of spine is gained can be held by the apparatus. When using the corset with spiral rings this is also true. Exercise is also of service when the plaster jacket is employed. It is only necessary to watch the case carefully and re-apply the jacket at the proper time in order to hold the improvement made. I have been led to make these remarks because I do not think that the importance of gymnastics and localized movements in the treatment of spinal deformities is properly understood and appreciated at this time. Having under my care constantly, patients of this class, and observing them daily at their exercises, I feel that I am in a position to say something with regard to the efficacy of this mode of treatment of spinal curvatures. Several cases of anæmia of the posterior columns of the cord are now taking this treatment and with great apparent benefit. Nothing has of course been said of the various kinds of apparatus to be used in the treatment of spinal curvature, nor of the operations of tenotomy, myotomy, etc., so serviceable in some cases, as these would have unnecessarily lengthened my paper, and distracted attention from the treatment to which I have called your attention.

* The dress-maker of one of my patients noticed the great improvement in her figure after but a few months of treatment, although gymnastic exercises alone were employed in the straightening process.

LARYNGITIS AND ŒDEMA.

BY E. J. WHITNEY, M. D., BROOKLYN, N. Y.

In the diagnosis of diseased conditions of the larynx, as well as in the application of remedial agents, he who adopts pure symptomatology as his basis, to the exclusion of other methods for direct examination of the parts, will often find himself greatly at fault. So many symptoms of the same character accompany morbid conditions so widely different, that it is only by a careful examination of the parts that an intelligent opinion can be arrived at. Take, for instance, the symptom of dyspnœa, which may arise from paralysis of the vocal cords, from spasm of the glottis, from œdema, or inflammation, from growths within the larynx, or pressure from enlarged glands external to the larynx, and of what value is this symptom in and of itself, or even as part of a group of symptoms, as indicating with any degree of certainty the morbid process at work? The practitioner should in the first place, examine as often as possible the *healthy* larynx, in order to become thoroughly acquainted with its normal appearance, and, secondly, to be familiar with such pathological changes as result from diseased action.

The first laryngeal disease which shall claim our attention is subacute laryngitis, a disease very prevalent from November until May, and throughout the year. This condition usually manifests itself as the result of a "cold." There is little or no febrile action, although the disease is often preceded with a feeling of coldness, or even a well-defined chill. The voice is always altered, and very often completely gone. The patient complains of pain, and especially fatigue or weariness from talking; during the progress of the disease the voice may be suddenly restored and in a short time as unexpectedly lost again. Accompanying these symptoms may be found more or less cough, hard and stridulous, with scanty expectoration. The patient also complains of tickling, soreness or rawness of the throat, which excites the cough. Upon a laryngeal inspection the mucous membrane will be found slightly congested, but

without any appearance of erosion or other lesion, the vocal cords somewhat thickened on their edges, and varying in color from the slightest tinge of pink to a light red. Under ordinary circumstances, if left to itself, this condition will subside in a few days, although repeated attacks would result in chronic laryngitis. In the treatment, four remedies which have proved the most successful in my hands, suggest themselves.

Belladonna.—Vocal cords bright red; feeling of fullness and soreness in the larynx; dryness of the larynx.

Causticum.—Cough painful; great fatigue from talking; voice reduced to a whisper; feeling of *weariness* in the larynx; soreness of the larynx.

Phosphorus.—Larynx feels sore and dry. The passage of inspired air gives to the parts a sensation of rawness. Cough hoarse; expectoration scanty; constant tickling in suprasternal fossa; dryness of the throat night and day; hawking of mucus in the morning; hoarseness; loss of voice.

Rumex crisp.—Hawking of mucus from the larynx, with *burning soreness*; voice hoarse, especially in the evening. Tickling in the throat; cough increased by pressure on the larynx. Hoarse barking cough, with soreness of the larynx and chest.

As adjuvants to constitutional treatment, the cold water compress at night, followed by washing and brisk rubbing of the part in the morning, or atomized inhalations of different astringents, as Alum, Ferri perchlor., Tannic acid, Chloride of Zinc, will prove often of great service.

Acute laryngitis, the most formidable of acute affections of the respiratory tract, makes its appearance, as a rule, very suddenly, accompanied by symptoms of great severity, and therefore of short duration. It is not unfrequently of idiopathic origin—the result usually of exposure to cold—or, as is more commonly the case, it may be present as a complication in existing chronic inflammatory action, more especially pertaining to laryngeal phthisis or syphilitic laryngitis. In many instances it is purely traumatic, and may be caused by the swallowing of scalding fluids or caustic prepa-

rations, from the inhalation of steam or hot vapors, or those arising from powerful acids. Idiopathic acute laryngitis usually manifests itself by chilliness, which soon gives place to fever and increased temperature, with soreness of the throat. The larynx will be found to be painful upon pressure, accompanied with a feeling of tightness or constriction. In rapid succession follow dyspnœa and dysphagia. The voice, although not always involved, is usually hollow or hoarse, or it may be shrill and reedy, while the act of speaking is only accomplished with great difficulty and much pain. The respiration is laborious and stridulous in sound, quite characteristic of the diminished calibre of the larynx from thickening or infiltration. The cough is hoarse, hollow, or brassy and metallic in character, and in this respect resembles the true croupal cough. The temperature which is high from the beginning, continues to rise; fever increases; painfulness in swallowing, or in the exercise of any of the motions of the larynx, becomes more marked; the countenance betrays great anxiety as the respiration becomes more impaired, and the sufferer soon perishes from apnœa or coma. These terrible symptoms do not necessarily bear a proportionate relation to the amount of surface involved in inflammatory action, for the whole of the interior of the larynx is comprised in a very small area, but they rather depend upon the fact that an inflamed or infiltrated condition of ever so *slight* a portion of the laryngeal membrane cannot but interfere to a marked degree with the respiratory function, the swollen membrane acting as a mechanical impediment to respiration, exactly as from the lodgment of some foreign body, and *this* constitutes the gravity of the disease. In most cases of acute laryngitis one of two forms will generally be presented, one in which the mucous membrane alone is affected by inflammatory action, and the other in which the membrane and *submucous* tissues are involved. From an objective examination the cavity of the larynx will be seen *fiery-red* in color and swollen many times its normal thickness; in the same manner the aryepiglottic folds will be seen thickened and tumid, while the ventricular bands,

from the same cause, often completely hide the vocal cords. In some cases the rapidity of this action is so great that the patient dies before any assistance can be rendered, while in others the disease may run from seven to ten days. Therapeutic agents may be divided into two classes, either of which may be indicated according to the severity and depth of inflammatory action. In the early treatment of the case Aconite and Belladonna, alternated every hour, should at once be given, while the throat should be enveloped by cloths, wet with ice-cold water, or ice-bags. Should the inflammatory action be confined to the mucous membrane alone, Spongia, Stibium, Kali bichrom., Causticum, Rumex crisp., and Sanguinaria may be used in accordance with their special indications.

For the deeper and more dangerous form of inflammation, Hepar sulph., Lachesis, Phosphorus, Arsenicum, or Apis, may be studied as more or less indicated. Iodine, Bromine, or Chlorine, will also prove serviceable as respiratory agents.

As regards the advantages of *topical* applications, there appears to be a wide diversity of opinion among various writers, many remedies applied directly to the inflamed surface by atomized inhalations being highly extolled by some and severely condemned by others. It is after all a question which individual experience must decide. In the first place repeated inhalations of steam arising from warm water, is admitted by *all* to be of unquestionable benefit. Thus the debatable ground begins with the application of the various astringents, and ends with the application of Nitrate of Silver in solutions of various strength. The tincture Benzoin comp. the writer can confidently recommend as having proved in his experience a most valuable sedative in inflammatory conditions of the larynx. A teaspoonful should be added to a pint of water at a temperature of 150° Fahr. (contained in a wide-mouthed bottle or pitcher), and inhaled for ten minutes. This has proved of signal service as a sedative in active congestive conditions of the larynx, particularly in their early stages.

Surgical interference is often invoked in these cases, when suffocation is threatened from infiltration. This may consist in scarification or tracheotomy. If the former be promptly performed, the latter and more dangerous operation may not be required, but in either case, whatever is done must be accomplished with promptness, and not delayed too long after the respiration has become impeded to any great extent.

In relation to a greater or less degree with acute laryngitis, as well as with almost all inflammatory conditions of the larynx, both acute and chronic, is that appalling and fatal malady, œdema of the larynx. This consists of a serous or sero-purulent infiltration of the submucous tissue of the *upper margin* of the larynx. Much confusion has been caused, to within a comparatively short period, in the etiology of this disease, but probably among all the names by which it has been known, that of "*œdema of the glottis*" is the most calculated to mislead, both as to character and location. Let it be plainly understood, then, that the disease which is generally known as "*œdema of the glottis*," consists of an infiltration into the long, loose fibres of connective tissue which lie between the aryepiglottic folds, and is therefore an affection invading the *upper margin* of the larynx, instead of the *glottis* or *floor*. While œdema of the larynx is sometimes of idiopathic origin, it most frequently occurs during the course and as a complication of some other disease, as acute, chronic, or syphilitic laryngitis, the laryngitis of phthisis, in pharyngitis, whooping cough, pneumonia, pulmonary catarrh, during measles, scarlet fever, small-pox, erysipelas, typhus and typhoid fevers. It may also occur in connection with Bright's disease of the kidneys, or other conditions favorable to anasarca, from malignant disease of the tongue, pharynx, or œsophagus, in glandular enlargements or tumors; aneurism of the arch of the aorta may induce it, as may also wounds and injuries of the larynx.

Seizing, as it sometimes does, persons in most robust

health, it is more apt to make its appearance with those whose constitutions are broken down by disease or hard living. There are some who appear to be predisposed to attacks, which may return two or even three times. In the idiopathic variety, cold and moisture are the main causes. A diagnosis by means of subjective symptoms can never be positively established, but palpation and ocular inspection of the parts can alone be relied upon with certainty. At the outset of the disease the respiration becomes suddenly impeded, and the difficulty increases with great rapidity; more or less tenderness of the parts is observed, which does not usually amount to pain, but rather a feeling of constriction, as though a foreign body had found lodgment in the throat. As the disease progresses, the respiration becomes more labored, accompanied by a shrill whistling sound, the cough stridulous and highly pitched, the extinction of the voice complete, the countenance livid and expressive of great anxiety. These in brief are the subjective symptoms presented, but as they are also known in croup and *spasm* of the glottis, it will be seen that they are far from being reliable as indicating with exactness the character of the morbid process going on. Viewed in the laryngoscope, the diseased parts present appearances which are unmistakable. The thin aryepiglottic folds are seen to be converted into thick puffy cushions, irregular, oval, or globular in shape. The epiglottis is increased many times its natural size, and hangs over the superior margin like a huge tumor.

The approximation of these swellings toward the median line converts the opening into a mere slit, which is much smaller during *inspiration* than *expiration*, and under these circumstances the interior of the larynx—the ventricular bands and vocal cords—are entirely concealed from view. The parts are *less* vascular in appearance than would be expected, and in color compare with that of œdema of the prepuce or of the eyelid. If the means for a laryngoscopic examination are not at hand, a tolerably good idea of the condition of the parts may be formed by digital palpation. This may be accomplished by drawing out the tongue forci-

bly (after enveloping it with a napkin to prevent slipping), and introducing the index finger of the right hand quickly into the mouth, and over the posterior face of the epiglottis, when the œdematous swelling will be plainly recognized.

The treatment of œdema of the larynx may be divided into three divisions, constitutional, local, and surgical. In some cases improvement may take place from the first or constitutional method; and again recourse must be had to all three. In the consideration of remedies for this condition it will be well to divide them into two classes. The first comprises those whose action tends to diminish effusion, and the second those which control obstructed respiration.

Apis is indicated when the attack has suddenly appeared as a complication with some acute disease, especially erysipelas, eruptive fevers, or from burns.

Arsenicum, on the contrary, is indicated when there is a predisposition to anasarca as a result of chronic disease, or in persons whose constitutions are broken down. It is of particular value in œdema as a complication with cardiac or aortic disease, or in Bright's disease of the kidneys. Among those remedies whose action tends to the relief of dyspnœa may be mentioned Iodine, Bromine and Chlorine. The most *effective* treatment, however, consists in thoroughly scarifying the œdematous swellings and allowing the escape of the effused fluid. This may be best accomplished by Mackenzie's guarded laryngeal knife. Under the guidance of the finger, or if practicable, by means of the mirror, the knife should be directed to the part, and several incisions made upon the tumid swellings. This will often give the promptest relief; in some cases to such a degree that in an incredibly short time after the operation, the patient announces himself entirely free from all obstructed respiration or pain on swallowing. When danger from suffocation is imminent, and the proper instrument not at hand, a curved bistoury, covered with adhesive plaster except at the point, will answer the purpose; or in case the physician is without *any* cutting instrument suitable for the purpose, an effort

should be made to scratch through the mucous membrane with the finger-nail.

The administration of strongly astringent substances by inhalation is sometimes, especially in the early stages, attended with excellent results. Among these may be mentioned, Alum, Chlorides of Gold and Zinc, or a strong solution of Tannic acid. The compound tincture Benzoin will also prove of great service as a sedative; also the sucking of small pieces of ice.

ARMSTRONG'S UTERINE ELEVATOR.

I have read with much interest your description of Dr. Armstrong's Uterine Elevator, as I have used an instrument of similar design for some six years. The one I have is made on the same plan as Dr. Armstrong's, is of hard rubber, and with the additional advantage of being a "double ender," the curved lever portion of one end being somewhat longer, and the fenestrum wider than the other, thus being adapted to all cases requiring the use of such an instrument. I purchased mine, with a set of the Higbee speculi at the session of the American Institute of Homœopathy at Put-in-Bay, in 1875, and it bears the stamp, patented Nov. 27, 1868, but by whom patented I know not. I have no doubt it has been more or less used by gynecologists, for a good many years. I certainly should be sorry to part with mine if I could not get another. It has been of great value to me.

WM. E. JEWETT.

[Armstrong's instrument is claimed to be an improvement over the one referred to, in that the shank is longer and smaller, thereby permitting two fingers to be inserted to guide the instrument and to regulate the direction and amount of pressure needed. The loop at both ends was objected to by leading gynecologists as interfering with its use, especially in cases where the vagina was long. Again great force can be used with the steel instrument without break-

ing. Finally this is a Homœopathic invention, and therefore better, and it is cheaper than the patented one referred to.]

Children's Department.

FOOD FOR CHILDREN.

Seeing the remarks on "Food for Children" in *THE INVESTIGATOR* for February 1st, p. 119, leads me to say a few words on the same subject, especially as regards infants. It has been my observation and experience, during a practice of about twenty years, that infants oftener suffer from being underfed than overfed. This is the case not simply in the families of the poor, but among those abundantly able and willing to provide everything for their children. They usually get enough in quantity, but it lacks materially in quality. If, for instance, it is a newly-born infant brought up with the bottle, the cow's milk is so diluted with water that the poor child has to constantly fill itself to repletion in the vain attempt to satisfy its hunger. Hence wind-colic, and other derangements of digestion, the stomach getting no time for rest. Or, what is as bad in another way, some abominable starchy preparation is added to the milky water. Why this should be done unless to make the compound as much unlike woman's milk as possible, it would be difficult to conceive, had we not already been told that "a little learning is a dangerous thing," and did we not know that plausible chemical theories can be more easily worked out upon paper than in the human stomach. In some cases the addition of a little farinaceous or leguminous preparation may benefit as a corrective, but in my experience these cases have been the exception, rather than the rule.

Many an infant wastes for the want of animal food; many a case of cholera infantum and infantile diarrhœa is due to the weakened state consequent upon impaired nutrition for lack of it; many such a case have I myself seen rally and recover, even when apparantly hopeless, upon the giving of good strong animal food, which had previously been denied the poor starving innocent, upon the absurd idea that its digestive powers being weak, it could not bear nourishing food. Weak digestion in an infant cannot be strengthened by oatmeal and water. By animal food, I mean milk first and foremost, and beef and mutton broth secondly. As the child gets teeth, farinaceous food can be added, rice or barley to the broth, and, of course, tender meat, with bread and butter.

But, even in childhood, I am cautious in recommending oatmeal. In very many children and adults also, it causes or develops obstinate cutaneous eruptions, usually eczema of the impetigenous form, and boils, the latter more frequently in adults. Very many cases of this sort I have traced definitely to the use of oatmeal. Hence I do not like to have oatmeal given to children as a constant article of diet until its use sparingly at first has shown that it agrees well with the individual. Children with any tendency to eruptions, or with what is called the "dartrous diathesis" will be pretty sure to have it developed by the constant use of oatmeal, or even Indian meal sometimes. Still I think it is the *constant* use which is one reason why trouble so frequently comes from it, as oatmeal is not usually changed as are other articles of diet, but in many families and public institutions is eaten as a matter of course, and sometimes of duty, every morning in the year. With many it is a good and wholesome food, eaten from time to time at intervals. Oatmeal, and similar food, seems also to frequently tend to glandular enlargements in children of a strumous diathesis, and favors the development of scrofulous disease. The oil in it may be the objectionable element.

Good bread is of the highest importance, but it is better not to have it too white. Very white bread is like a blood-

ess cheek, suggestive of anæmia. There is a portion of wheat flour, called by the trade, "seconds," which makes a sweet and nutritious bread, especially for a change.

One other thing which I want to speak of in connection with the subject of food, is the giving of chopped *raw* meat, beef usually, to children in diarrhœa and anæmic states. It is hard to see how anyone who has read the conclusive experiments and facts concerning the development of parasites within the body can sanction, much less advise such a practice. Yet it is done every day by men presumably of good medical education. It is needless to say that it is necessarily a fruitful cause of tænia, and of other forms of helminthiasis. A little child, about four years of age, under my care, passed over twelve feet of tænia solium, besides sections passed previously, evidently the result of raw beef given her the summer before in an attack of diarrhœa.

The importance of the subject of food, both in a hygienic and therapeutic point of view, must be my apology for so long an article. Let each give his experience without bias of theory.

B. H. CHENEY.

NEW HAVEN, Ct.

Sanitary Department.

SANITARY PRECAUTIONS IN MEASLES.

BY CHARLES MOHR, M. D., PHILADELPHIA, PA.

Read before the Philadelphia County Homœopathic Medical Society.

Sanitary precautions in measles are rarely, if ever, observed. This statement applies to the profession as well as to the laity; and even our Board of Health, so far as I can learn, has taken no other cognizance of this highly contagious disease than to note, perhaps, that the number of

deaths from measles during the last three months has been unprecedentedly large. Mr. Geo. E. Chambers, Registrar of the Health office, has kindly furnished me with tables, a reference to which shows that for the three months, beginning February 1st and ending May 1st, the deaths from measles exceeded those from scarlatina and small-pox combined. I append the figures, viz:

Measles: Adults, 3; Minors, 84.	Total,	87
Scarlatina: " 1; " 55.	" 56	} Combined total, . 84
Small-pox: " 7; " 21.	" 28	

What ratio the deaths bear to recovery is not ascertainable, as in measles no returns of non-fatal cases are required by the Philadelphia authorities. This much is certain, however, that the cases of measles during the last few months have been quite virulent; and this has been the case not only in this city, but in other places, notably so in Brooklyn. Measles is not, as it is commonly held to be, a trivial disease. True, some epidemics of measles, as well as of scarlatina and variola, are quite mild and the deaths few; but it must be borne in mind, that like the other eruptive diseases named, measles has at times proved very fatal.

In our own city there were 248 fatal cases in 1835, and 221 fatal cases in 1866; but if the mortality during the balance of the year 1880 should be proportionate to the deaths since January 1st, the number will be much in excess of the totals of the years above mentioned.

According to Woodward, out of 21,676 cases of measles in the American army, over 2.5 per cent. perished merely from the fever, without reckoning the numerous complications. The greatest fatality, however, has been observed in other countries. Thus, in 1749-50, there died on the river Amazon, according to D'Alves, 30,000 Indians, and a similar excessive mortality occurred in British North America.

At Madagascar, in 1806, 5,000 cases died in one month. According to Seidl, in the district of Zolkiew, in 1840, almost 13 per cent. proved fatal. The mortality in many other places in various epidemics has reached fully 10 per cent.

In the Children's Hospital at Stockholm, of 131 cases, per cent. died. At the Children's Hospital in Wurzburg, in the epidemic of 1863, 10.5 per cent. died. In the Vienna Children's Hospital, the deaths in 1864-1867, were ninety-eight out of 372 cases. Watson writes that, at the London Foundling Hospital, one in ten died in one year, and in another year one in three. According to statistics extending over eleven years, of 1,000 deaths in London, twenty-seven are due to measles.

We thus see that the mortality in some epidemics has been large; and the experience of the past few months leads us to the conviction that it may prove larger in this country during the next few years than it has been in the past. I believe the mortality has been larger really than the records at the Health Office show. Even physicians participate in the common belief that measles is a mild disease; and when a death does occur in their practice, it is returned as due to some one of the various complications, viz., meningitis, hydrocephalus, convulsions, congestion of the brain, congestion of the lungs, bronchitis, pneumonia, croup, diphtheria, or dysentery. True, any one of these complications may have been the immediate cause of death, but the remote cause was measles.

In this connection it may be well to remind you that, leaving out of the question such complications or sequelæ as catarrhal ophthalmia, otorrhœa, and lymphangitis in strumous patients, it is not uncommon for children, apparently recovered from measles, or convalescent, to be seized anew with difficult respiration, and after a longer or shorter duration of the new disturbance to even die; sometimes of cheesy pneumonia, with or without tubercles; sometimes from general miliary tuberculosis, or tubercular meningitis, the causes of which, as it appears, must be especially sought for in the cheesy degenerations of the swellings of the lymphatic glands occurring in the course of the disease (Thomas).

Among the many dangerous complications, pneumonia is the most frequent, and appears like capillary bronchitis,

especially in and just after the eruptive stage. The fact that it *often* develops *in* the eruptive stage, and that, with the exacerbation of the fever, the intensity of the eruption at first increases, may justify us in considering the pneumonia, in some epidemics at least, as a stage of measles, rather than a complication.

Croup sometimes supervenes and cuts off young patients. It tends to be of the asthenic type, and is not unfrequently preceded by diphtheritic inflammation of the fauces, which gradually passes down to the larynx (Aitken).

As will be seen further on, the physicians of Brooklyn have repeatedly seen measles followed by diphtheria, some of the cases proving fatal. Severe chronic intestinal diseases, such as entero-colitis, with wearisome diarrhoea, intestinal ulcers and stenoses, etc., may result from affections of the small and large intestines in measles. It is a very common experience that, after epidemics of measles, the children who have been affected, are more prone to all sorts of attacks than at other times, and, among the severe acute diseases, croupous pneumonia has frequently made its appearance for a period of several months after the conclusion of the epidemic, especially in winter and spring (Thomas.)

During the present epidemic in our own city, several cases have been observed among my Homœopathic and Allopathic friends, exhibiting grave typhoid conditions, and in one case heart-clot was the immediate cause of death.

The literature of the subject, so far as quoted, gives us sufficient grounds to class measles among the graver affections. If time permitted we might quote largely to show, (1) that it is one of the most virulently contagious of diseases, and that its contagiousness is fully developed at a very early stage of the disease (Bristow); (2) that persons contract the disease from the miasm adherent to the clothes of those who have recently visited rubeolous patients (Flint), or from clothes sent home in boxes from schools where the disease has raged, and that no person can remain in the same room, or even in the same house, with an infected person without hazard of taking the disease (Aitken); (3) that one attack

does not render a person non-susceptible to subsequent attacks.

With this array of evidence before us, is it too much to ask that we use the same sanitary precautions in measles that we do in other contagious maladies? The physician of the present day should not content himself with curing disease; his mission is also to prevent it! It therefore behooves us to combat the following prevalent notions concerning measles: 1. That every child must have measles at some period of its life. 2. That the younger the child the milder the attack will be, and hence, the sooner one has it the better. 3. That one attack protects from a second. 4. That attempts to isolate patients are useless. 5. That disinfection of clothing, bedding, etc., is unnecessary, as the disease can only be conveyed by a sick person.

As before remarked, Brooklyn, N. Y., has suffered greatly with measles, and from an article prepared by J. H. Raymond, M. D., Sanitary Superintendent, I glean much useful information; and, in respect to the prevailing idea, that measles is a trivial disease, he pithily says: "From practical local observation and careful investigation of the subject, together with the experience of Brooklyn physicians obtained from their answers to a series of questions sent them by the Board of Health, . . . we believe that the general impressions . . . are entirely erroneous, and, if permitted to go uncontradicted, liable to do great harm and injury even to the degree of sacrificing human life."

It is interesting to note that since January 1, 1880, in Brooklyn, of 1,864 cases of measles reported to the Health Department of that city, eighty-two cases proved fatal, while during the same time the deaths from scarlet fever numbered only sixty-five.

The question submitted to the physicians of Brooklyn by the Health Department, and the answers received thereto, I herewith append. One hundred and fifty-five responses were received and analyzed.

a. Is measles, in your opinion, highly contagious?

One hundred and thirty-nine answer, yes. Fifteen answer, no. One answers moderately.

b. Is it, in your opinion, more or less contagious than scarlet fever?

Sixty answer, more. Forty-six answer, less. Forty-five answer, equally.

c. Is it, in your opinion conveyed by *fomites*?

Eighty-eight answer, yes. Thirty-six answer, no. Twenty are undecided.

d. Is measles, at the present time, in your practice unusually malignant?

Fourteen answer, yes. One hundred and twenty-four answer, no. Twelve answer, severe.

e. How many cases have you had in which diphtheria has supervened upon measles?

Fifty-four cases are reported.

f. In how many instances, *under your own observation*, has measles attacked the same person more than once? or more than twice? and at what intervals?

Two hundred and ten second attacks are reported, and seven third attacks. The intervals vary between two weeks and twenty-eight years, the usual interval being about three years.

g. Have these recurrences been severe, or have prior attacks apparently modified them?

Thirty-six answer, more severe. One hundred and thirty answer, no modification. Thirty answer, attacks modified.

In view of the facts elicited by these queries, the Brooklyn Board of Health has included measles in the same category with scarlet fever and diphtheria, and requires the following action:

1. Reports to be made to the Health Office by physicians, of all cases coming under their care.

2. The exclusion of the sick and of others residing in the same house from the schools of the city, both public and private, until a permit for their return is obtained from the Board of Health.

3. These permits to be given when the patient is no

longer in a condition to spread the disease, and when the rooms, clothing, and other infected materials have been properly fumigated.

4. The fumigation prescribed by the Board of Health is by the burning, for five hours, of sulphur, one pound to each thousand cubic feet of space to be fumigated, the apartment being tightly closed.

5. Certificates of physicians that these requirements have been fulfilled will be sufficient evidence, and on their presentation to a sanitary inspector, or at the office of the Board of Health, the school permit will be at once issued.

Pending whatever action our own Board of Health may take, it seems to the writer that our duty is plain. Let us report every case to the health officer, and use the same sanitary precautions, as far as they apply, in measles, that we do in other forms of contagious disease.

Consultation Department.

PROLAPSUS ANI.

If G. W. Powell (p. 57) will give his patient Sulph. and Calc. c. each for one or two months, waiting a few weeks between the two, he will cure his patient. Giving Strychnine hypodermically is good Allopathic treatment.

R. T. H.

PRAIRIE ITCH.

Let the "prairie itch" case take a warm bath every day for a few months, and Rhus, Sulph. and Calc. in the order named, four doses of 200th potency twice a day, and wait two weeks, then repeat if necessary each remedy a month or six weeks.

R. T. HARMAN.

FOR P. W.'S CASE.

For P. W. in December 1 number, p. 445, I think this case will be benefitted if not cured by Salicylate of Soda. Any druggist can pre-

pare a solution of which a teaspoonful will represent ten grains. Take one teaspoonful every two hours until better, then as needed. When well indicated (real inflammatory cases) this drug works miracles.

O. B. B.

ANSWER TO PROLAPSUS ANI.

I would suggest that if Dr. G. W. Powell has not already succeeded in curing his case of prolapsus ani, he may do so by using suppositories containing one or two grains of Ergotine applied at night and after stool (if only one grain be used), or simply one two-grain suppository after each evacuation. Am much pleased with the two numbers of THE INVESTIGATOR lately received.

L. A. PHILLIPS.

ANSWER TO PRAIRIE ITCH AND DIARRHŒA CASES.

If Dr. M. (February 1) wants to cure his "prairie itch" and thereby be called blessed, he should procure a small lump of Potass. sulph. fill eight-ounce vial with aqua pura, to which he might add one ounce Spi. rec. This for a topical application. One day doses of Sulph. will give good returns.

R. M. W.'s *chronic diarrhœa*, Carbo veg. 30x, one dose A. M.; Arsenicum 3, one dose before retiring; as improvement occurs, longer intervals. For dietetics, interdict all chicken broths, soups, etc., as they are very injurious; in their stead, oatmeal and milk fresh churned and prepared.

J. C. M. K.

A FEW CRITICISMS.

J. W. M. in June 15, 1880 number of THE INVESTIGATOR, gave H. L., of N., for dyspepsia, general debility and obstinate constipation, Cas. sang. and cured his patient. Did he write that item for the enlightenment of his professional brethren? If so, why did he not tell us what Cas. sang. is, and where it can be had, as "Allen" says nothing about it, nor does any other book I have, not even the Medical Dictionary. Give us light, gentlemen. I also often see "Awasamoa" alluded to and prescribed; what is it, and where can it be had? It may be a common remedy where these men write, but the United States is a large country. [Duncan Bros. Pharmacy can supply both.]

[In August 15 number is] an article from E. P. Green, who gives five to ten grains of Kali chloricum for Rhus poisoning, but does not state what potency. Let us have light.

B. T. HARMAN. ■

THE "GREASE" OF MILK.

Dr. E. R. Ellis, of Detroit, on page 147, waxes wroth at a series of "silly" questions, with reference to the objections he urges to milk as a dietetic. The nameless querist certainly supposed that when a statement was made so utterly at variance with the revelations of physical science, it was becoming in the innovator to give the reasons for the "faith that is in him." The questions were couched in language that a student would understand, supposing all men, even the astute Detroiters knew the microscopic difference between milk and chyle, and the ordinary proportions of the innocent fluid furnished by the cow. It was, apparently, too violent a supposition, and the * will try again, and make his queries so plain that any "wayfaring man, although," etc.

Prof. Poggiate, a scientist, who may lay claim to as accurate knowledge, to say no more, as the essayist on "grease,"—, ten consecutive analyses of cow's milk, found the constituents as follows:

Water.....	86.28
Butter.....	4.38
Sugar.....	5.27
Caseine.....	3.80
Various salts.....	.27
	<hr/>
	100.00

A glance at this table fails to show any remarkable preponderance of *grease*, as the butter is euphoniously called. Is it too much, therefore, to ask the eminent physiologist, in what respect is milk greasy? The next obscure question was, if milk is such a deadly article of food, why is not lymph and chyle equally so; and if so, how are these "greasy" articles kept away from the patient? The doctor will oblige me, and doubtless many others, if he will point out the difference between chyle, lymph, and milk, and if he finds, more "grease" in these two former than in the latter, let us know what means he adopts to prevent their formation.

He tells us that nutrition is arrested in fevers. Why? because a fever is exaggerated waste; oxidation. Many have the "silly" idea that waste is an indication for repair. The elements of repair are found in any article that nearest approaches the assimilable chyle, because no force is expended to convert into a substance suitable for immediate absorption. It has long been thought that milk was this

identical article. Now comes a new teacher, furnishing no credentials of ability, who proclaims, *ex cathedra*, milk is the worst diet for fevers, because it is GREASY! Of course, he owes us an explanation, and we trust he will give it. A Dalton, Bernard, Beale, or Carpenter might risk an occasional dogmatism, but, — well we are not all Daltons, etc.

The queries, translated into the vernacular, therefore, are briefly these: What makes milk "greasy?" How does it differ from lymph? How does it differ from chyle? Why are not the last articles equally as injurious as the first? Why does not waste need reparative material? Why does not milk fill the indications? *

Progress of the Medical Sciences.

Abnormally High Temperatures.—The following points seem now to be clearly established: 1. Temperatures above the degree formerly supposed to be necessarily fatal do sometimes occur without a fatal issue; nay, even without extreme peril to life. 2. Such exceptional and excessive temperatures as a rule end in recovery. 3. The conditions of body in these cases of excessive temperature appear to be distinct from the conditions existing in fevers, in which the rule as to the extreme peril of temperatures of 107° and upwards remains unsailed.—*British Med. Journal.*

Ague.—Professors Klebs and Tommasi-Crudeli report the particulars of a research recently conducted by them at Rome with regard to the essential cause of the ague, which is endemic about that city; and, so far as can be judged from that account, the doctrine that ague-poison is a microphyte of malarious soil is no longer a mere matter of suspicion (as my text expresses it) but is a matter of experimental certainty. The investigators, namely, declare that they can isolate from malarious soils and their atmosphere definite microphytic forms capable of separate cultivation; and that, when successive generations of this "bacillus malarie" (as they name it) have been cultivated in successive quantities of an indifferent fluid subcutaneous inoculation of rabbits with any final fluid in which the bacillus is germinating will give ague to the subjects of the experiment.—*British Medical Journal.*

The Inception and Duration of Menstruation.—Dr. Bensinger found

from a series of 5,611 women in Moscow and the surrounding province that the first menstruation, on the average, began at the age of fourteen years, eight months and fifteen days. Among the upper classes it generally appeared earlier than among the lower classes. This, in the opinion of Dr. Bensinger, results partly from their more favorable hygienic condition, and partly from their superior intellectual activity. Menstruation ended between the forty-third and forty-eight years. The average number of years during which menstruation persisted was thirty-two.

Medical News.

F. O. C. Meissler, M. D., has located in Altamont, Effingham Co., Ill.

Geo. H. Parsell, M. D., formerly of Weedsburg, N. Y., has removed to Omaha. We welcome the doctor to the West.

The New York Homœopathic Medical College reports that the class numbers 165 students. Of this number sixty will apply for graduations.

The New York Ophthalmic Hospital.—Report for the month ending January 31, 1880: Number of prescriptions, 3,499; number of new patients, 512; number of patients resident in the hospital, 22; average daily attendance, 140; largest daily attendance, 221.

CHAS. DEADY, M. D., Resident Surgeon.

Correction.—On page 133 of *THE INVESTIGATOR* of February 1st, in my article on "Differential Diagnosis of Diphtheria," this sentence occurs, "will not some of the septic matter be carried back to the blood through the lungs during inflammation?" It should read, "during inspiration." Please correct this error in your next issue. *THE INVESTIGATOR* improves with every number.

F. F. CASSEDAY.

Good Effects of Medical Legislation in Illinois.—The total number of practitioners in the state of Illinois, when the law regulating the practice of medicine went into effect, July 1, 1877, was about 7,400. Of these only 3,600, or less than one-half were graduates or licentiates, the remaining 3,800 being unqualified practitioners. The graduates and licentiates at the present time number 4,825, and the non-graduates, 1,500; or in other words, the number of qualified practitioners has increased by about 1,225, while the number of unqualified practitioners has decreased by 2,300 which gives a diminution in the total number of practitioners equal to 1,075. The number of itinerants in the state in 1877 was seventy-three; in 1880, only nine. The number of cancer doctors in 1877 was twenty-three; in 1880, only four.

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Society Proceedings.

*HOMŒOPATHIC MEDICAL SOCIETY OF THE
COUNTY OF NEW YORK.*

A regular meeting of the society was held at the Ophthalmic Hospital, New York, February 9, 1881. There were twenty-one members present. The minutes of the last meeting were read and approved. Arthur B. Norton received from the hands of the president *pro tem*, a certificate of licensure from the society to practice medicine.

Dr. Arthur B. Norton was duly elected a member of the society and signed the constitution and by-laws.

Alfred K. Hills, M. D., of the committee appointed at the December meeting to consider the advisability of supplying the secretary with clerical aid in making the records of the society, reported that the committee recommended that the secretary be authorized to employ a stenographer whenever he deemed it necessary. The report was adopted and the committee discharged.

H. M. Dearborn, M. D., read a paper on Selenium, a

remedy which owes its introduction to the Homœopathic materia medica chiefly to the late Dr. Hering. The principal symptoms exhibited in provings of Selenium, Dr. Dearborn stated as follows: Itching in the nostrils; hacking or raising of lumps of transparent mucus in the morning; frequent clearing of the throat, alternating with hoarseness, which is increased on beginning to sing or talk; morning cough, with some straining in the chest; dropping of a watery, sticky substance from the urethra before and after stool; oozing of prostatic juice, with uncomfortable sensation while sitting, and sometimes a burning, forcing-out feeling at the tip of the penis; involuntary dribbling of semen during sleep; semen wholly without normal odor; incontinence of urine by day when walking, and after urinating urine red, especially in the evening; headache from using tea, or made worse by using tea; pain in the right side in the region of the liver, which is worse on inspiration; tearing in the hands at night; itching about the ankles; pulsating in the abdomen after meals and during pregnancy, and a feeling of great weakness; forgetfulness of business matters, but in sleep recalling what had been forgotten; misplacement of syllables in speaking. Dr. Dearborn compared with great fullness and care the provings of Selenium with those of Sulphur, Calcarea ostrearum, Thuja and Ferrum. The clinical results reported from the use of Selenium in disease, he said, are as yet insufficient in number and connection to be of much value. The latest verifications noted are a cure of headache which was made worse by using tea, and the relief of incontinence of urine, the urine being red. When we understand better its mode of action, and have tested its therapeutic power in carefully selected cases it is not improbable that it may be found a valuable remedy for certain deranged states of the system, and to deserve a more prominent place in our materia medica.

D. B. Hunt, M. D., not being able to attend in person, sent the following note of a case, which was read by the secretary: "In the month of September, 1879; Mary M.,

a patient which I had been treating for cataract of the right eye, presented herself, saying that on the preceding evening she had received a blow upon the right temple, causing a great deal of pain, which had continued through the night and prevented sleep. The pain still persisted at the time of her visit. She described it as a dull, throbbing pain, not confined to any one point, but generally over the right side. An examination of the eye showed some conjunctival irritation, with much photophobia and lachrymation, the lens lying loose and detached in the anterior chamber, a solution of Atropine, four grains to the ounce was instilled, and Aconite 2 prescribed. A dose to be given every two hours. She refused to enter the hospital ward, and was told to return the next day. She came, as directed, the following day, complaining of increased severity of pain. On examining the eye, the same conditions as existed on the preceding day were found to be present, except that the conjunctiva was more congested, and that the tension of the eyeball had increased. I decided to remove the lens at once, and succeeded, after some difficulty, in doing so. During the next twenty-four hours the tension remained normal and the wound tended to heal kindly. On the second morning following the removal of the lens, she complained greatly of pain, which had kept her awake during the night, and still continued. The upper lid was swollen and œdematous. The borders of the cut for a space of two or three lines was hazy and infiltrated. A slight stringy and mucus discharge had occurred, and the tension of the eyeball had again increased. A solution of Eserine 1 to 200, one drop every two hours, was instilled into the eye, and Eserine, the 3d trituration, a dose every two hours, was prescribed. In the course of twenty-four hours the tendency to sloughing had ceased and a rapid recovery followed."

George S. Norton, M. D., said he had used Eserine in several cases with very little success; but he thought that the case Dr. Hunt had presented had struck the key-note in regard to the use of Eserine in sloughing of the cornea. Eserine, as is known, produces diminution of intra-ocular

tension, probably by opening the filtration passages of the eye. There is a secretion going on in the interior of the eye which must pass out. Anything that closes the passages as, for instance, the iris being pressed forward, will occasion increased tension. Now, in this case there was tension in consequence of the closing of the passages by the cataract. Dr. Hunt operated for the cataract, by which the tension was diminished and the pain relieved. Afterwards for some reason the secretion of the fluids of the eye probably went on to such an extent that the iris was pressed forward, preventing the due excretion of the fluids, thereby reproducing the tension and causing sloughing of the cornea. The Eserine administered opened the passages, so that the fluids passed out, the tension was diminished and the cornea cleared up. Dr. Norton thought that Eserine might be very useful in sloughing of the cornea, caused or aggravated by increased hardness of the eyeball; but in cases of simple ulceration of the cornea, where there is no increased tension, he doubted its beneficial effects.

Alfred K. Hills, M. D., made some remarks on the indications for the administration of Iron. He deprecated the generalizing habits which lead physicians to use indiscriminately, remedies having only a general similarity, as, for instance, preparations of Lime, Peruvian bark, Iodine, Sulphur, and Iron. Each drug has its specific affinities. His clinical experience had led him to the use of Iron only in cases in which animal food is either not desired by the appetite or is not well borne by the stomach when taken into it. The typical case for the use of Peruvian bark is where there is intolerance of fruits. These characteristics, together with other circumstances, had often determined his choice of that remedy; just as an intolerance of animal food had often determined his choice of Iron. In one of his cases the patient suffered from chorea, dependent upon such faulty assimilation as is often found in patients of the scrofulous diathesis, with swollen glands and local congestion; she was very fleshy; the appetite was not good, but animal food was relished and digested in small quantities. She had

been taking Iron with no good effects. Concomitant circumstances indicating it, he administered *Calcareo carbonica* with satisfactory results.

L. L. Danforth, M. D., reported the following case occurring in his practice. The patient was a young lady, twenty-two years of age, who came to him a little over two years ago, suffering from pain in the lower part of the abdomen when walking. The pain was intermittent; at times she suffered intensely, at other times she was comparatively free from it. Another prominent symptom was what she described as a fluttering sensation in the abdomen, which was sore to pressure. She had suffered from dysmenorrhœa ever since the menstrual function had been established. She gradually improved under his treatment, but was still subject to occasional attacks of pain and to the peculiar fluttering sensation. On examination she was found to be suffering from chronic peritonitis induced by dysmenorrhœa. The symptom which finally led to the discovery of the true remedy, was the fluttering in the abdomen. Dr. Danforth pored over his *materia medica* during the two years the patient was under his care, but could not find just that symptom till he procured Allen's General Index and found by its aid the remedy *Brachyglottis* under the head of fluttering in the abdomen. He gave the patient four doses a day of the remedy in tincture, and from that time to this, a period of four months, the pain and fluttering sensation has been absent and the patient is entirely well, except occasional suffering from the dysmenorrhœa.

A communication from W. Peterson, M. D., was read, tendering his resignation as a member of the society. On motion it was laid on the table.

A communication to the secretary from the literary ex-cutors of the late Dr. Hering was read, asking him to distribute among the members of the society, circulars and subscription blanks accompanying the communication and relating to the raising of a fund for the publication of a memorial book in honor of the deceased. The documents were accordingly distributed.

Alfred K. Hills, M. D., moved that a committee be appointed to devise some plan for systematic investigations during the current year in materia medica by provings of drugs and otherwise, the committee to report to the society from time to time. The motion was adopted and the president *pro tem* appointed the following committee: Alfred K. Hills, M. D.; George S. Norton, M. D.; H. M. Dearborn, M. D.; M. Deschere, M. D.; and Mary E. Bond, M. D.

The secretary appealed to the members of the society to co-operate with him in his efforts to make the meetings of the society interesting and valuable, by responding to his invitations for the presentation of papers and notes of cases.

Adjourned.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

BURR OAK, Ia., March 18.—Prevailing diseases are: Rheumatism. Remedies used: Bry., Chelid, frequently Podophyllin.

J. C. ROLLMAN.

BEMENT, Ill. Feb. 18.—Prevailing diseases are: Measles and scarlatina. Remedies used, for former Acon. and Puls; latter Bell. and Rhus tox.

W. S. RUBY.

PLATTEVILLE, Wis., Feb. 18.—Prevailing diseases are: Pneumonia, acute catarrhal and throat troubles. Principal remedies used: Aconite, Bell., Bryonia, (Merc. iod) and Phos.

G. E. RICHARDS.

BORDERTOWN, N. Y., Feb. 21.—We are having an epidemic of small pox scare. Remedy used: Vaccine virus. Efficacious in replenishing the doctor's pocket. No small pox in town.

L. D. TEBO.

BRIGHTON, Mich., Feb. 15.—Prevailing diseases: Influenza, pneumonia and croup. Remedies used: (1). Acon. Rhus., Rumex, Ars. iod. (2). Acon., Bry., Phos. (3). Acon., Hepar, Spongia 30 to 200. No losses.

B. H. LAWSON.

MONROEVILLE, Ohio, Feb. 19.—Prevailing diseases are: (1). Pneumonia. (2). Catarrhal fever. (3). Diphtheritic sore throat. Remedies used: (1). Aconite, Bry., Bell., Tart., emet., Ars., Sul., Phos., Rhus. tox, (used for restlessness at night). (2). Acon., Bell., Gels., Nux v. (3). Bell., Bapt., Kali bich., Merc. bin.

F. M. CLARK.

LA FAYETTE, Ind., Feb. 18. — Prevailing diseases are: Measles, catarrhal fever, pneumonia, inflammatory rheumatism, tonsilitis, enteric fever, or winter cholera a few cases. Remedies used: Bryonia is the remedy that cures most cases. Kali bich., and Merc. sol., the sore throat. Dioscorea vil. has so far helped me out in cases of winter cholera.

J. M. SMITH.

MONOTROPA IN CONVULSIONS.

May 7, 1878, was sent in great haste to dress a wound on a colt, made by running against a fence. When I arrived, I found the wife of the man in convulsions (puerperal) seven-and-a-half months pregnant. Was taken two days before, and two of the Old School M. D.'s had been with her for thirty-six hours. Had twelve convulsions, and getting more severe and more frequent. They said she would have to be delivered to save her. Her husband said, "no, let her die a natural death." One of the M. D.'s had helped two (on the long journey) by delivery. They said she must be delivered or die, for no medicine could save her. They had been gone a half hour on my arrival. Had left Laudanum and Quinine to be given hourly. When I got there she had just come out of a convulsion. One drop of Aconite tinct. root in glass of water. Gave teaspoonful. She went into another con-

vulsion—the heardest I ever saw and live. Tongue was cut badly with the teeth. Twenty-five minutes unconscious. Came out and went to sleep for fifteen minutes, and awoke a perfect idiot. I said to Mr. H., I will save your wife and child. Could detect the heart sounds but faintly. Acon. ten minutes. Told her son (a boy fourteen) to note the time of her convulsions coming on, and how long unconscious, and how long between. I found I had not got any Monotrope with me. I rode eight miles and back as soon as my horse could carry me, and on my return she had had three; the last one not so hard, and shorter. I gave five drops Mono. tinct. of root in a glass of water; teaspoonful every fifteen minutes. No more convulsions. One of the M. D.'s came back while I was gone, Mr. H. told him that I said that I could save her and child. (“Save hell, ‘said he,’ he is nothing but a Hoss doctor. I tell you she has got to be delivered or die”). She went her full time. I ordered them to watch her close, and the first indications of labor to let me know. They got a little careless and she was in labor nearly twenty-four hours before they discovered it. When I arrived the child was still-born. The child was alive two days before. Could hear the heart sounds plainly. Had a good recovery. In three months done her work. Twice when excited had convulsions, but Monotropa stopped them.

I have used the Monotropa in convulsions of children with the best success—it never failed to my knowledge. The expressed juice of the herb is my best remedy for conjunctivitis externally.

“Hoss Doctor.”

MORBUS BRIGHTII.

December 30, 1880, Miss Rose R., aged forty, of plethoric habit but now somewhat emaciated, with a yellow cadaverous appearance, complained only of intense thirst, and pain in the stomach, with inability to retain food or drink. Suspected at once “interstitial nephritis” or “amyloid degen-

eration of the kidneys." On careful inquiry found that about five years since she had noticed that her *urine was free, and completely colorless; being as clear as spring or well water, and had remained so ever since, except much less in quantity* I obtained a specimen, and testing it, could find nothing but large quantities of albumen. Patient continued to fail, and finally died of hydro-pericarditis on the 17th of February, 1881. Was refused a "post-mortem." This woman had undoubtedly Bright's disease of the kidneys for several years, and during that time had consulted some half a dozen Chicago physicians, and not even one of them had ever tested her urine, or seem to think that this symptom of "clear urine long continued" meant anything. But to my mind it means a great deal, especially if albuminous. It may not always indicate amyloid degeneration of the kidney's, but it is a "danger signal," and should be looked after, and I write this outline sketch of this case, for the purpose of emphasizing the above symptoms, for I need not say to any one who understands the pathology and morbid anatomy of these several diseases—that the only chance of cure is in the incipient stage.

J. A. HOFFMAN

MENDOTA, Ill.

SMALL-POX IN CHICAGO.

It appears from the papers and the medical journals that the Chicago Homœopaths do not, or are not, permitted to treat small-pox patients in that enlightened city. But as soon as a case occurs, or is found out, on the *judgment or caprice of one man*, the patient may be taken from his warm room in his own house, and hussled out into the cold, and off to the pest-house, and (if a Homœopath) receive treatment which he feels sure will kill him. This whole thing to an outsider, seems the climax of barbarism. Small-pox, under good Homœopathic treatment, is less fatal than malignant diphtheria or scarlet fever, and no more contagious. Let

some enterprising firm inoculate the cow's udder with the diphtheritic scarlatinal or syphilitic virus, and then have the legislature of Chicago issue an edict for every one to be inoculated with the "points." "There is millions in it." This is no more absurd than the present arrangement. "Over the hills to the poor house." If the authorities think that small-pox is such a fearful disease under orthodox treatment, and is liable to desolate Chicago, then why in the name of common sense do they not let better and more enlightened men come to the front. There is probably no city in the world with better physicians than Chicago. But are these orthodox dyed in the wool regulars? "Ah! there is the rub." It has been demonstrated beyond the possibility of a doubt, that small-pox is a mild easily managed disease under good treatment. Let better men have the management of this whole business, and there would be no need of "pest-houses" except for the homeless. But this is anticipating. Be of good cheer. "The mills of the Gods grind slowly, but they grind exceedingly fine." COUNTRY DOCTOR.

EFFECTS OF MOUNTAIN CLIMATE.

In being too sanguine physicians are doubtless assisting more consumptives over the river than they are willing to admit. And this same sanguine nature is one of the *greatest* hindrances in the road to a successful and lucrative practice. We, as Homœopathists, think *too* much of our remedies. We over estimate their power, hence, too often make an ungarded prognosis. We accept any and every case, no matter what, and, *our* faith in Homœopathy to bring back the rose like tint to the cheek, and the elasticity to the step, promise too much and a failure the result, to be followed by a—loss of confidence in us as physicians and a corresponding loss in Homœopathy. We forget that, quite as great reputations are as frequently made by an unfavorable prognosis as the converse.

Thousands of consumptives and asthmatics are daily consulting physicians—relative to advice and medicine, and return to their homes—encouraged, with *medicine*, and in the belief that they can be cured, and what is the result? Turn to your vital statistics and the doctors prognosis is libeled with the startling fact that, one fifth of the entire population of the globe are swept away by this fell destroyer annually. The *only* remedy, in my opinion, is a change of climate, considering in this assertive altitude, latitude, soil and humanity. The Rocky Mountains will offer in the future greater inducements to the consumptive and asthmatic than is possible any place in the United States or, I may say on the globe. It would seem that, the wisdom of God in producing by His mighty subterreanean power this range of mountains, had an immense sanitarium in view. My experience,—corresponding I believe with the mass,—is far from satisfactory in the treatment of asthma to say nothing relative to phthisis. What is the result of a change to the Rocky Mountains. This I shall aim to tell you,—taking my wifes case as a text. She presented the following symptoms: Expectorating large quantities of yellow sputa; coughing all the time; aggravations morning and night when dressing and undressing; pain on inspiring; the air amounting to one-half natural—quantity; constant pain in lungs; worse in left and in left side; aggravated by lying on left side; hoarse, coming on suddenly, had not sung for a year and then could not reach the high notes. Loss of appetite and very precarious. Loss in weight. Menstrual function entirely disordered to a degree that it was wanting weak, *so weak that*, she could scarcely keep on her feet. Some hectic fever. Catarrh or nasal mucous membrane. The superior clavicular region was depressed sufficiently to retain a walnut when in the erect position. Attacks of asthma every night and aggravated during wet and damp weather. A doctor in Portland, Oregon, urged me to come to that city, giving me the encouragement and leading me to believe that, the Oregon climate was the sweet land of canaan to the afflicted asthmatic. We went but, consider a climate wherein it

rains seven months out of the year as a home for asthmatics! I found *one* man whose asthma and symptoms were such that a humid atmosphere ameliorated. We returned to California, and found Central and Northern California presenting the same objections, too damp and foggy. We retraced our journey making a stop for the winter at this point and found an aggravation which caused us to lose all hope and which lasted for two months, at the expiration of which it passed off and was followed by a rapid improvement up to the time that I removed to Warm Springs on the Platte River when all improvement stopped and death seemed imminent. We then removed to the foot of a spur of the mountains and upon the bank of a small mountain stream and here she remained in *statu quo* until we returned to Rawlins, our present home and, where the same aggravation as at first was experienced for two months, to be followed by a rapid improvement. We are here a year last January and considering her weakened and debilitated condition on leaving Illinois, aggravated by a journey of thousands of miles—her present condition and improvement is *marvelous*. No hoarseness, but little, if any cough or asthma. No catarrh. Worst cold dries up in two days. No pain in chest or side. No weakness. Good appetite. Gaining in adipose. Sings clearer and higher than ever. Menstruates naturally and regularly. The superior clavical space *rounded out full*. Chest larger. In a word I look upon her and like Hamlet to the ghost, ask art flesh, art blood or, but an apparition sun in sleep, so great is the change, the result of a change from Illinois to the Rocky Mountains.

RAWLINS, W. T.

GEO. B. SARCHET.

The Present Condition of a Patient in whom half the Tongue was removed in 1865.—Mr. G. Buchanan gives, in the *Lancet*, October 1880, p. 650, a report of a case in which he removed the lateral half of a tongue, affected with epithelial cancer, in 1865. In August 1880, the patient was in perfect health, and suffered no annoyance from the loss of half the tongue. Speech was quite intelligible, though of course defective. The tongue is rolled over to the cut side, so that, when it lies in the mouth, or is projected, it is narrow and pointed, like the tongue of a bird. There is no trace of thickening, hardness, or pain.

“LAWS OF TRANSMISSION, ETC.”

Will you allow an old subscriber, who has read the *INVESTIGATOR* for the last ten years with interest and profit, to criticise in a mild way, an article in the Jan. 1st number entitled, “*Laws of Transmission, Paternal and Maternal.*” This paper it appears, was read before the Western Academy of Homœopathy, by which it receives a sort of quasi endorsement as something important and good. To speak of it as it deserves would occupy more of your valuable space than should ever be given to one article, my strictures will therefore be confined to two or three points only. The first two paragraphs might as well have been written in Egyptian as in English, and perhaps better for the credit of the writer, for in that case one might have imagined that the unknown language conveyed some intelligent ideas; but being in English, what shall we say of it? If an intelligent idea is there I have not yet discovered it.

The writer says that “Transmission by sexual law is as deep as nature.” His article gives most positive evidence that it is too deep for his plummet and line.

There is much said about “masculine centrifugal law,” which can be “exercised both by the masculine and feminine organism”—of a “feminine law” which “condenses and rounds broken rings into rotating planets again”—of the “inheritance by the planets of the forms of their primaries”—of the “warelike or vibratory motions of broken planetary rings,”—of “sperm cells and pollen cells,” etc., which as I have not the least conception of what they mean, I leave without further notice.

And now let us address ourselves to some particular points, about which the language and meaning are tolerably clear. On page 29 near the top we find the following: “The child inherits the type of its cerebro-spinal form from the father. This gives to it form and capacity, and these are connected together as cause and effect. As is the form so will be the capacity.”

If the writer means by this, that because the father has a large brain or a brain of a large capacity, therefore the child will have a brain of like size or capacity, he asserts what is contrary to the observation of every intelligent physician in the land. Size has never been the measure of capacity, either physical or mental. Men of small stature are every day met with who have more physical stamina and endurance than men of twice their size; and men of small brains often possess more mental ability, "intellectuality," than larger-brained men.

Again, in the second paragraph on page 29 this language occurs "if the bodily form and muscular energy of the father is great, then the ciliated part or spine of the sperm cell will be large and will have a strong vibratory motion, and if the mother has power enough the child will have a strong physical development. The form and size of the bulb or head of the sperm cell, gives general form and size to the head of the embryo," etc. The writer talks here as if uttering well authenticated facts, and not giving place to mere unsupported theories. We are led to ask then, How does he know that what he affirms here is true? Has he or has any one followed the sperm-cell through all its manifold and mysterious changes from its origin or from its deposition in the womb of the mother to its developement into a perfect being, so that he can affirm that the spine of the sperm-cell will be large and have a strong vibratory motion, if the bodily form and muscular energy of the father is great? and that the child will have a strong physical development? How has he ascertained that the form and size of the head of the sperm-cell, gives general form and size to the head of the embryo? Has he measured the size of the sperm-cell's head and so marked that particular cell that he could trace it through all its development into the head of the embryo, and affirm that the form and size of the one are in direct proportion to the form and size of the others. And have his experiments in this direction been so numerous and so carefully conducted as to establish this "law of transmission?" One swallow does not make a summer, neither does a coincidence establish a law.

One point more. The first sentence of the fourth paragraph reads as follows: "Our organs and faculties are adapted to their uses, because these uses have produced them." If this be not evolution run mad what in the name of Darwin is it? Our eyes are adapted to seeing and they are so adapted because seeing has produced the eyes. Our teeth are adapted to mastication, *because* mastication has produced the teeth. Our minds are adapted to thinking and reasoning and they are so adapted *because* thinking and reasoning have produced the minds. Can anything be more supremely absurd than this?

T. L. A.

Children's Department.

PREVENTING DISEASES AND DEFORMITIES BY REMEDIES.

Preventive medicine is a bold step. It is about a century since Jenner's attention was called to the fact that inoculation with cowpox would prevent an attack of small-pox, and about the same time Hahnemann evolved the new idea that Belladonna would prevent scarlet fever, as then prevailing. He believed that the remedy that would cure a disease would also prevent the same disease. This fact opened up a wide field for experimentation.

The next most important fact in the line of preventive medicine is given by Grauvogl, where medicines were administered to correct

ANTENATAL PHYSIOLOGICAL DEFORMITIES.

A young married pair had, two years previously, lost a child from hydrocephalus acutus; the second, then eight months old, was committed to my charge, when the disease had already reached the convulsive stage; it died after a few days.

It devolved now upon me, as the family physician to solve the problem of protecting the next child from this disease, and thus to remove the conditions under which both times, the development of the fatal disease had been possible, a problem which everybody knows the physiological school is not able to solve.

Both parents were perfectly healthy, and never sick. Both had blonde hair, thin skin, and blue eyes. The husband spare; the wife of a full habit. Hence no positive point of support could be gained from either. The wife, however, had nursed both of the children, but without possessing sufficient nourishment for them, as I learned on inquiry, for she was obliged to give them milk, and sugar-water besides and both children were taken sick when they began to *cut their teeth*.

In hydrocephalus the nutrition of the bones is always deficient, and hence, during the period of dentition, this nutrition must be carried on at the expense of other tissues. But the conditions of this deficient nutrition of the osseous system must have been given long before the period of dentition.

I hence stated to the wife that she must not nurse the next child, and that she must, during her next pregnancy take Sulphur 6th one day, and Calc. phosph. 6th, the next, so that she could not lose a third child by this disease.

Sulphur I wished to exhibit as a nutritive remedy favoring the formation of tissue, while Calc. phosph. was to favor that of the bones.

Five weeks later, the woman informed me that she was again pregnant, and asked me for those remedies.

She was delivered at term, and this child, now five years old, remained healthy, as well as a second, now three years old, which was carried the regular term under this prophylactic treatment.

These are not solitary cases, for I have pursued this method for six years, in all families in which there has even been a hydrocephalic child, and with the same good result.

But where I have taken charge, in other families, of children

who had already suffered from hydrocephalus none have died during the last seven years, in which time I have given such children, every morning and evening, a powder of the second trit. of Calc. phosph.; and only such children as I first see in the last stage, receive morning and evening, a few drops of Argent nit. 6. and every two hours the powder of Calc. phosph., and with the best results. At the same time, I have repeatedly convinced myself that, in such cases, one of these remedies alone affords no such relief.

PREVENTING CONGENITAL DEFORMITIES.

Perhaps the most interesting instance of preventive medicine, to the profession and especially to mothers, is where the medicine is given to prevent congenital malformations. The experience of J. C. Burnett, M. D., of London, as given in a paper read before the British Homœopathic Congress, is especially valuable, showing that what was supposed to be "marks" are due simply to lack of proper nutrition. The full title and text of the article is here given:

ON THE PREVENTION OF HARE-LIP, CLEFT-PALATE, AND OTHER CONGENITAL DEFECTS; AS ALSO OF HEREDITARY DISEASE AND CONSTITUTIONAL TAINTS BY THE MEDICINAL AND NUTRITIONAL TREATMENT OF THE MOTHER DURING PREGNANCY.

MR. PRESIDENT AND GENTLEMEN:—I take the liberty this morning of calling a little special attention to a subject fraught with considerable interest to us as human beings, as men of science, as biologists, and as practitioners of medicine and family advisers.

Should this paper set you a thinking, and call forth a discussion and an expression of opinion, and also elicit the experience of those grown grey in the service of scientific therapeutics, I shall learn much therefrom.

I cannot hope to do more than just suggest a line of thought, but in every exercise some one must start, and so I beg leave to address you a few words on the above subject.

When a good gardener puts seed into the soil, he takes care that it shall be supplied with whatever experience

teaches him is conducive to its development and growth; he does so because he knows that the future plant can be thus modified while still in Nature's earthly womb; indeed, we may say the plant never gets beyond this stage of dependency, as it lacks locomotive power.

We all know how chemistry has been successfully applied to scientific agriculture; and any Hodge looking at a poor crop of wheat in a field will be shrewd enough to surmise that the manuring or tilling had been neglected. He knows full well from what he sees in his own cottage plot that the well-dunged carefully tended portions bear the best crops, and that what grows in this plot is not so readily affected by disease and drought by reason of its more sturdy growth.

Any country schoolboy knows that the poorest apples are on the neglected trees of hedgerows and of neglected grazed orchards, while the fine juicy ones are within the well kept garden.

Who has not noticed the scraggy, stunted appearance of the calves born of the kine that are turned out to common or forest after they cease to give milk? The future mother-cows lead a hard life, and get but poor sustenance, and their offspring are proportionately undersized and ill-conditioned, and have an ancient, wizened appearance generally.

Similarly, in the human subject, the child of the well-fed, well-worked, cheerful, happy woman, living in a sunlit airy habitation, is at birth the finest specimen of its kind.

On the other hand, what a miserable sight do the newborn babes of our courts and alleys, and of the pampered, tight-laced, high-heeled, lazy, lounging, carriage-possessing women of the higher classes present! The extremes meet; the poor blanched creature, half-starved, overworked, shut up in some close sunless dwelling, brings forth fruit very like that of her pale-faced, over-fed, under-worked, sofa-loving sister of the mansion and of the palace.

And nature is inexorable; look at our bills of infantile mortality if you do not believe it. It is well so; God ordained in His undeviating laws that the fittest should survive, and they do.

Clearly, then, *we may take it for granted that the development of the fruit within the womb can be modified for good and for ill.*

We need not mince the matter; the future human being is made up of four principal factors. First the maternal ovum; secondly, the spermatozoon of the father, which requires, thirdly, a suitable soil for its development and growth. The womb is this suitable soil. These three factors being given, the blood of the mother supplies the fourth.

In the entire plant and animal world, the choice of the seed and soil lies more or less within ken and control, and faulty specimens get a short shrift, while the more fit are allowed to multiply; or in a wild state the weak are crowded out by the strong, and thus the fittest survive.

In our stock-breeding, the bovine and ovine species are well weeded of their faulty and diseased specimens by the butcher. That innocent individual, called the butcher, purchases the rickety or scrofulous calf of the honest farmer, and John Bull enjoys his *Kalb-fleisch* through the Norman medium of veal. Thus nature cares for the survival of the fittest of the bovine species.

With the human species it is very different; faulty specimens of man may not be annihilated for the bettering of the race, and civilized life tends to the protection and fostering of the physically faulty, and hence to the deterioration of the race. This is one great reason why civilization tends to the destruction of society through a gradual deterioration of the race by the preservation of the weak from destruction under the reign of law, and by the collateral power of wealth.

In a savage state the weakling goes to the wall; in a civilized state he may be very rich, and of ancient lineage, and then it becomes most important, from the particular standpoint, that he should be married and beget offspring. This ramifies all up and down the various social strata. So in the end the barbarians are strong, and then numerous, and then they break in upon a highly-civilized community, and a reconstruction of society ensues.

It remains to be seen whether science and art will in the future be able to save civilized society from being overwhelmed by savage hordes.

The true source of national greatness is large families of healthy children; these are the only true "fruits of philosophy." Those other "fruits of philosophy" are rotten at the core, and, like all rottenness, lead by the shortest road to annihilation, having here, however, a preliminary stage of bondage and servitude to the seed of the truly philosophically fruitful.

Surely it would be a strange philosophy that came in the mouths of ranting demagogues; *fruit* is the means of reproduction; *Dawn of Destruction* is what they mean.

Mankind is moved to marriage from purely selfish motives; the pairing takes place for almost every reason except for the physical bettering of the race. No doubt it is well so; the production of the most massive members, or of the biggest brains, can hardly be the chief end of man.

Still nature works wisely in making us all, more or less, worshippers of physical beauty and strength; and when the period of motherhood comes nigh, perhaps no greater fear is known than that of ill-formed offspring. It may not be often expressed, but if you could look deep into the sacred secrets of the expectant's heart, you would know that many are the prayers that fly upwards for the great and blessed gift of a *perfect* child.

Is it all right? Is it *perfect*?—is very commonly the first question one hears after the newling's *entree au monde*.

To what does all this beauty-worship conduce? To the amelioration of the race. Many an important family has been saved from dying out by a supposedly ignoble *mesalliance*. The British aristocracy is recruited from the ranks of the commoners in more ways than one.

To pretend to inaugurate marriages on racial or scientific grounds is crooked; and although the good old institution known as the family doctor may now and then be asked about the physical desirability of a given projected union, still this is very rare, and when it occurs it usually serves as

a cover for other and occult reasons. Therefore, the physician's role begins later on. We all know what it usually is.

But to-day I propose directing attention to a subject that has met with but comparatively little notice—certainly with much less than it deserves. I mean the medicinal treatment of the human fruit, while still within the womb, for the cure of hereditary taints and for the prevention of deformity.

My attention was more particularly directed to the subject some six years since in the following manner:

At the end of the year 1874 I was consulted by a gentleman about his children, the youngest of whom had double hare-lip. He had some confidence in Homœopathic treatment, and was desirous of knowing whether there were any means of getting the wound to heal well after the operation for hare-lip that an able surgeon was on the point of undertaking. I recommended him the local application of *Calendula officinalis* as an excellent and well-established vulnerary, especially to clean wounds. The operation took place, the gentleman used the *Calendula* as directed, and the surgeon, a man of some experience, declared he had never before seen such a rapid healing process or such a nicely-healed surface in any of the cases of hare-lip on which he had operated.

The reputation of *Calendula* (the common marigold) as a vulnerary is very old, but it survives almost exclusively in the Homœopathic school, in which it is, as you all know, in daily use.

The next older child than the one operated on had, and has, a slight insufficiency of the upper lip; if it were a little worse it would be hare-lip.

Subsequently the gentleman consulted me in regard to his own health, and after the consultation the conversation fell upon his children, upon the excellent result of the operation, and the rapid healing of the wounded parts. Then regret was expressed, especially as the child was a girl, as of course the neatest scar can never constitute a perfect or pretty lip. At the best it is only passable, and not particularly unsightly.

Finally he said, "In case my wife should have another child, what would you expect the next to be like?"

I answered, "That cannot be determined; but taking all the circumstances into consideration, viz., that your first child is perfect, that your second child has only a slight defect in the upper lip, that your third child has double hare-lip, and that your wife was in apparently good health with these, all equally, I should expect the next to have hare-lip also, a little worse than the last, and perhaps even cleft-palate."

He further inquired whether anything could be done to prevent it? My answer was, that I knew of no special experience on the subject at all, but as the body fruit could certainly be affected medicinally, I should think hopefully of properly directed medicinal treatment of the mother during pregnancy. I promised to do my best, and he said he would let me know if any further pregnancy should occur, and place the mother under my treatment.

The subject took hold of my mind, and I often animadverted upon it. Many remedies suggested themselves, and many plans of treatment; the one that found most favor with me was to be based upon specificity of seat or local drug affinity. I reasoned that any drug that would specifically affect the upper lip and palate might act as a stimulus to the part if coursing in the mother's blood, and thus bring about complete union of the bilateral parts. But an insuperable difficulty here presented itself—viz., I knew of no such drug with anything like a strongly-expressed affinity for the part. Such remedies as Kali bichromicum, Aurum, Iodine, Mercury, Natrum muriaticum, Mezereum, Phosphorus, were thought of, but I did not feel the local affinity idea was workable here.

I then thought of tissue affinity or specificity of histological seat, as worked out in its fullest extent of late years by Dr. Schussler, of Oldenburg, in regard to disease. I thought that a formative element of the tissue might be wanting, and thus condition imperfect development. If we grow wheat, we must supply its elements, as manure, to the soil, and if we grow tissue we must supply its elements in

the mother's blood which is the food of the foetus; if the wheat just fail to finish the ear, we conclude formative elements are wanting; if the absolute concrescence of the bilateral parts of the human foetus just fails of completion, we may fairly assume that formative elements are lacking. So I thought. And in order to try to find out *what* was likely to be lacking, I went over embryology a little, and I will ask you to go over exactly the same ground as myself presently, by giving a short *resume* of the development of the involved parts first, and then show how, and what remedy I diagnosed.

The surgeon who had operated on the little girl, and also the family accoucheur who assisted at the operation, were also consulted upon the hoped-for possibility of preventive treatment in the then future; but these gentlemen laughed at the idea, and said the only thing for it was operation, prevention being out of the question.

But we may reflect upon the fact that it is not at all an uncommon thing in our hospitals, and occasionally in general practice, to treat a pregnant person suffering from syphilis very actively with Mercury, and the results are on the whole very encouraging indeed; still, as far as I am aware, it is seldom that any physician attempts the intra-uterine treatment of any other complaint, and even here the *idea* has generally been to treat the *mother* only, or principally.

In thinking the matter over, and endeavouring to find some sound reason to guide me in the to-be-attempted preventive treatment of hare-lip, I was encouraged to hope for a good result from the recorded experience of a few Homœopathic obstetricians who tell us of the successful medicinal treatment of the uterus and of the expectant mother herself; for it seemed no great difficulty, theoretically, to modify the development of the foetus, which grows in the uterus and is fed with the blood of the mother, seeing that both the mother's blood and uterus can, demonstrably, be modified therapeutically.

Now, although I felt the idea of trying to prevent hare-lip with the help of *specificity of seat* in the ordinary Homœo-

pathic sense unworkable, still this lay in the nature of the case rather than in the nature of the thing generally. Thus in those liable to beget offspring with defects or deformities, or displacements of organs, or parts to which we have approved remedies with specific affinities for such organs or parts, we might, and undoubtedly should, find it of eminent service, and also of the careful application of the Homœopathic law of similars; also of the tripartite pathology of Hahnemann; and of the constitutional states of Grauvogl, and perhaps, even of the *Remedia universalia* of Rademacher.¹

But to return, let us examine the embryology of the parts involved in hare-lip and cleft-palate.

Biologists tell us that the face is originally formed of a middle portion proceeding from the forehead, or frontal process, and of a lateral portion on each side, derived from the superior extremity of the first visceral arch. These parts are at first separate.

The lateral and the inferior parts, destined to form the superior and inferior maxillary apparatus, are both derived from the first visceral arch, in which an angular bend appears; the part above this bend being converted into the superior maxillary mass, and that below it into the inferior maxillary apparatus.

The superior maxillary mass, in its growth, approaches the frontal process, and unites with it; a cavity being left between that process and the two superior maxillary masses, which becomes the nasal cavity. By the union of the superior maxillary masses (the superior maxilla and palate bone) of opposite sides beneath this cavity, the separation of the nose from the mouth by the palate is effected.

The mode of development of the face affords an explanation of the abnormal cleft palate, and the congenital cleft between the upper maxillary and the intermaxillary bones and of those congenital fissures which pass between the intermaxillary and upper jaw, as far upwards as the orbital

¹ *Remedium universale* is not a would-be panacea or cure-all, but one that hypothetically affects the universe of the microcosm, i. e., not an organ.

cavity. Congenital clefts of this kind are thus the *results of an arrest of development occurring during the primitive conditions of the parts.*

We may, therefore, infer that cleft-palate is due to lack of a due supply of formative material; the superior maxillary masses ossify indeed, but fail to unite in the median lines. If so it will follow that if the requisite amount of formative matter be supplied soon enough to the maternal blood, it will be given off to the fœtus, and tissue osseous union will take place, and deformity will be prevented.

But the skeleton may unite in the middle, and yet the soft parts fail to do so; and when this occurs with those of the superior maxilla, the deformity known as hare-lip is the result.

We may regard the basis of the upper lip structure as already differentiated into connective tissue, which is indeed the stroma of the whole body, and of all its organs. When, therefore, the soft parts fail to unite in the median line of the upper lip, and we get the ugly defect known as hare-lip, we may conclude that the development became arrested from a lack of one of its constituents *in developmental or functional power.*

All things considered, I concluded it was, in this case, *lack of lime-life.*

Then the next point was—which salt of lime? Here the psoric constitution of the mother pointed to Sulphur.

My conception was not that there was an actual lack of lime as such, but rather a lack of assimilative or developmental power of the lime-function in the sense of Moleschott and of Schussler, and that struma or psora (= morbid x) was the hindering agent.

I therefore decided on *Calcareæ sulphurica*, and believing it was *quality* that was required, and *not quantity*, I determined on the sixth centesimal trituration.

This is how I diagnosed, theoretically, a remedy for *this case* of presumptive defective formation, and this remedy I made up my mind to give if the lady should come under my care.

A little time elapsed, and the husband appeared to inform me that his wife was believed to be *enceinte*. Calcarea sulphurica, 6th trituration, one grain night and morning, was prescribed. The lady continued to take it till the end of the seventh month of pregnancy, and during the last two months she took Lithium carbonicum, and at full term *she gave birth to a healthy and perfect child.*

In due course a *second* pregnancy took place. The same course of treatment was adopted, and with the same happy result—viz., *a perfect child.*

Since this time I have kept the subject of the intra-utero ine medicinal treatment of the human foetus before my mind; but my experience here has since been for the purpose of preventing, respectively eradicating, constitutional taints and hereditary proclivities. Cases other than those two, for the prevention of defect or deformity, have not hitherto come under my observation.

(To be continue I.)

Medico-Legal Department.

HEREDITARY MENTAL DISEASES.

ANNUAL ADDRESS BEFORE THE STATE HOMŒOPATHIC MEDICAL SOCIETY BY THE PRESIDENT, A. R. WRIGHT, M. D., OF BUFFALO.

To discharge the duties of this hour in a manner that shall be of interest to you and profit to our society is the desire of your president. A failure in this might be natural enough under the circumstances. On a similar occasion one year ago, this society was treated with an eloquent and scientific address on the general subject of the heredity of the more desirable marks and characters of physical life and traits of the human faculties. I have chosen for discussion this evening, a medico-legal aspect of the heredity of

pauperism and crime (in co-existence) with inebriety, insanity and idiocy, as found in the dependent classes. I know the ex-president and the society will pardon me for any appearance of a continuation of last year's subject when they see its scope, as we shall pass in review the darker and more repulsive side of human character. In our professional work, we see humanity generally in its more unfavorable aspect; its weakest and most helpless side turned toward us for improvement at our hands through the skill and knowledge we have obtained. The subject of the treatment or care of the helpless dependents of the state, you may think too undignified for discussion in your society, and that it more properly belongs to some other body. But in the practice of every physician of moderate experience this unfortunate class is frequently brought under observation; hence physicians are generally consulted on the best means of caring for these helpless dependents. On one point in connection with them, I ask your thoughtful attention; that is, the heredity of pauperism and crime, and the usual co-existing diseases and conditions, viz: Alcoholism, insanity, and idiocy. The general doctrine of heredity is so nearly universally accepted by scientists and professional men, that we do not propose to discuss it here. Neither is it necessary in a society of intelligent physicians to produce any proof of the heredity of the diseases mentioned. You all recognize it in any critical study of the etiology of these diseases in your patients. Perhaps the heredity of alcoholism is not so readily accepted as the others, and we make room for the following references: Ribot* says: "The passion known as dipsomania or alcoholism is so frequently transmitted that all are agreed in considering heredity as the rule. Not, however, that the passion for drink is always transmitted in that identical form; for it often degenerates into mania, idiocy and hallucination." Gall speaks of a Russian family, in which the father and grand-father had died prematurely the victims of this taste for strong drink. The grandson, at the age of five, manifested the same liking

* Th. Ribot on Heredity, p. 85 et seq.

in the highest degree. "Trelat, in his work, *Folie Suicide*, states that a lady of regular life and economical habits, was subject to fits of uncontrollable dipsomania. Her mother and uncle had also been subject to dipsomania." Putzel* says, "there is no doubt that inebriety may be transmitted, and I have myself seen a few cases in which several examples were presented in the same family." Dr. Morel† says: "On examination of 150 children of the commune, ranging from ten to seventeen years. This examination has confirmed me in my previous convictions as to the powerful effect produced by alcohol, not only in the individuals who use this detestable drink to excess, but also in their descendants. On their depraved physiognomy is impressed the three-fold stamp of physical, intellectual and moral degeneracy." For further proof on this point, consult Dr. Huss and Morel who have collected many facts bearing on the heredity of alcoholism. The medical literature of the present day abounds in proofs of the effects of alcoholism in producing insanity and idiocy. ‡Anstie says, "that the nervous enfeeblement produced in an ancestor by great excess in drink, is reproduced in his various descendants with the effect of producing insanity in one, epilepsy in another, neuralgia in a third, alcoholic excesses in a fourth, and so on." §Hess found in a Swedish asylum that half the insane men had been drunkards. Evidence more frightful even than this, of the ravages wrought by alcohol, is furnished by the effects of the removal of the *heavy tax* on alcoholic drinks in Norway. In eleven years (1825-36) the percentage of increase for the whole population was in mania, 41 per cent.; melancholia, 69 per cent., and dementia, 25 per cent. Worse even than this was the effect upon the rising generation, for *idiocy* increased 150 per cent. That this increase was due to the augmented consumption of alcohol was shown by the inquiry made by Dahl, who found that out of 115 idiots, 60 per cent. were

* P. on Nervous Diseases, p. 62.

† *Traité des Dégénérescences*.

‡ Reynold's Cyclopædia, Vol. I., p. 676.

§ Brain Work and Overwork, H. C. Wood.

the children of drunken fathers and mothers." But our purpose being at present to note particularly the existence and heredity of crime and pauperism in close connection with the diseases named, we refer again to Morel, who traces the effects of intemperance in one family and sketches it as follows:

First generation — Immorality, depravity, intemperance and sottishness.

Second generation — Hereditary drunkenness, maniacal attacks, general paralysis.

Third generation — Hypochondriac tendency, homicidal proclivities.

Fourth generation — Intelligence hardly developed, stupidity leading to idiocy.

Despine in "*Physiologic Naturelle*" gives several cases of heredity of crime, one of which, the Jean Chretien family, whose history for three generations we condense as follows: Though there were but sixteen persons in the three generations, ten were convicted of capital offenses, six of which were murder. Dr. Despine observes the tendencies of such families of criminals to unite, thus conferring the hereditary transmission, also remarks, "The fact demonstrated by Ferrus and Lelut, that insanity is much more frequent among criminals than other persons, goes far to prove that crime and insanity are closely connected." Ribot says: "The number of criminals whose ancestors have given signs of insanity is very great." . . . Bruce Thompson, in his recent work on the hereditary nature of crime, adopts this conclusion and supports it by figures. He says: "On a close acquaintance with criminals of eighteen years standing, I consider that nine in ten are of inferior intellect, but that all are excessively cunning." To show the connection of pauperism also with the diseases mentioned, we have for reference recent statistics from the very ground on which we would apply the remedy. In 1877, Dr. Charles S. Hoyt, Secretary of the State Board of Charities of New York, presented to the legislature of this state a report relating to the "Causes of Pauperism." The statistics then com-

piled were carefully gathered by members of the Board and other intelligent men, from personal observation and inquiry into the condition and history of each of the alms-houses of the state. They noted the history and condition of each person, and also that of his family, living or dead, for three generations. But the obvious difficulty in obtaining such items from such sources, especially in the large cities, would color the aggregate more favorably than the *real* facts would warrant. The names of Dr. Hoyt, President Anderson, of Rochester University, W. P. Letchworth, of Buffalo, Pruyn, of Albany, Roosevelt, of New York, are an assurance that this report presents the most reliable statistics we know of, on the subject under consideration. Some of these notes give sad family groups, as follows:

A man aged eighty-five years, with a son, feeble-minded, forty-five years old, a daughter forty years of age, also feeble-minded, and a grandson eleven years old, an idiot, born in the poor-house; the first an inmate forty-five years, the second forty years, the third thirty-five years, and the fourth eleven years, making an aggregate of 126 years spent by them in the institution, or nearly 35 per cent. of the time spent in the house by all of its other inmates, and it was said that several other members of the family had also been paupers. A man aged sixty, and his wife aged thirty-nine years, and an illegitimate child of the latter, five years old, born in the poor-house; the woman with her mother, one brother and six sisters were formerly inmates of the poor-house of an adjoining county; after being discharged she married and soon lost her husband by death, since which time she has had three illegitimate children, two of whom are dead; her present husband a pauper at the time of their marriage. A man and his wife, the former aged thirty-nine and the latter thirty-seven years, with three children and a grandchild, the parents said to be useful and the children intelligent; two brothers and a sister, aged respectively twenty-two, nineteen, and sixteen years, all feeble-minded; and also five other of their children, a feeble-minded woman aged thirty-eight years and unmarried; admitted

when twenty-three years old; father intemperate and mother died in the house, a pauper; has had two illegitimate children. An unmarried girl eighteen years of age having two illegitimate children, the youngest of whom, an infant, was born in the house; was early orphaned and entered the poor-house when only seven years of age, the mother a pauper, and she has had one brother and two sisters also paupers; is thoroughly debased and offers but little hopes of reformation. A man seventy-two years of age, a widower, five years an inmate; is uneducated, very intemperate and has been in jail for drunkenness; has had four deaf-mute children educated in the state institution, three of whom are now living and provide for themselves. A weak-minded single woman, twenty-six years old, dependent from birth, the father, mother and two brothers having been paupers, and her child, a deaf-mute girl, six years old, born in the house. A single man, thirty-one years old, twelve years an inmate, a paralytic, of intemperate parents, both of whom were paupers, and died in this house. A married woman twenty-six years of age, frequently in jail for intoxication, two years an inmate with a male child three years old, and an infant girl aged two months led a vagrant life in childhood, the father, mother, and four sisters being paupers; is debased and thoroughly degraded by sensual and immoral practices, and gives little promise of reformation. Two feeble-minded sisters, the elder aged twenty-one, and the younger fifteen years; the former an inmate of the home eighteen years, and the latter from birth; both maternal grandparents, as well as father, mother, and other near relatives have been paupers, and most of them intemperate; the degeneracy of the family renders it probable that other dependents may spring from it unless stringent precautionary measures are adopted. In Kings county, out of 1,870 inmates, 942 are sure to remain dependent for life.

The insane department of these institutions present similar pictures, as follows: Single woman, aged twenty-one, two years insane, but has not been at any state asylum, is frequently violent, and is said then to require close super-

vision; maternal grandfather, father and mother and also one brother said to have been insane; and an unmarried woman, forty years old, insane ten years, and three years in the institution was at the state asylum two years without improvement, father and other members of the family have also been insane. A married woman, twenty-six years of age, insane two years, during one of which was under treatment at the state asylum; mother died insane, and a maternal uncle and aunt were insane; a woman thirty-five years old, married, and abandoned by her husband; sixteen years insane, two of which were spent at the state asylum and the balance mostly at this house. An unmarried man twenty-five years old, insane three years, and treated first at the state asylum; the mother was feeble-minded and the maternal grandmother died insane; one maternal aunt bore two illegitimate children in the poor-house, another with a child, was an inmate of the house six years, and another led a dissolute life and was also a pauper. A married woman, fifty-one years old and the mother of two children; was taken insane at the age of twenty-nine, spent two years at the state asylum and the balance of the time in this institution; father and mother were paupers, the latter dying insane. A man thirty years of age, single, and insane ten years was at the state asylum for a time without improvement, and is wholly dependent; the mother died a pauper, and an idiot brother eighteen years old has been in the house since ten years old.

Similar cases might be repeated *ad libitum* from said report, but such details are not pleasant reading and we refer to schedule 15 for more definite and instructive figures on the co-existence of pauperism and the diseases mentioned, showing by counties, the number of dependent insane, idiots and inebriates of pauper families for three generations; thus in the poorhouse of Ontario Co., there were 113 inmates. These together with their ancestors for three generations, living and dead, represented 90 families; and in these families there were 168 dependents, 26 insane, 12 idiots and 103 inebriates. In Columbia, Co., 118 inmates represented 114 families,

had 143 dependents, 12 insane, 32 idiots, and 127 inebriates. In Yates Co., 32 inmates represented 26 families, of whom 59 had been dependent, 4 insane, 2 idiots, and 31 inebriates. In Kings Co., 1,876 inmates represented 1,668 families, 2,039 dependents, 755 insane, 23 idiots and 975 inebriates. Herkimer Co. had 77 inmates, representing 67 families, 128 dependents, 21 insane, 12 idiots and 64 inebriates.

The total in the almshouses of the State were 12,614 inmates, who represented 10,161 families, whose members for three generations (living and dead) had among them 14,901 dependents, 4,968 insane, 844 idiots and 8,863 inebriates. What more convincing proof could we have of the heredity of pauperism with those diseases? In round numbers here are 10,000 families who have produced 15,000, paupers or 3 paupers for ever 2 families; of insane, about 1 for every 2 families; of insane, idiots and inebriates combined, about 15,000, or 3 to every 2 families. Can you conceive of such a community of festering evil and not believe that heredity was a powerful factor in producing it? Yet a more alarming illustration has been worked out by Dr. Dugdale on the Jukes family in this state. Most of you are doubtless familiar with it. Springing from one wicked woman, born about 1753, there has been a progeny of 12,000, of whom 280 were pauperized adults, 140 criminals and offenders, 60 habitual thieves and 7 murderers, besides a long list of licentiousness which we will not transcribe. On a careful enumeration of expenses of arrest, trials, imprisonments, arsons, loss of time, etc., he estimate the money lost to the state and society at \$1,308,000 in the short period of the last seventy-five years, and by a single group of 1,200. Yet he says they are not an exceptional class of people, for their like may be found in every county in this state. I might detain you here for hours in giving cases illustrating this heredity of evil, but I will spare your patience and your feelings. There is an increasing number of noble workers in all Christian countries, but more especially in our own, who are giving freely of their time and means for the reform and elevation of these children of pauperism and crime and disease. They deserve the gratitude of the country for their humble yet noble work.

Some are working in prison reform associations, others in compulsory education and reformatories of different kinds. In this connection we cannot too highly commend our State Board of Charities for the efficient work they are doing in the improvement of the physical, moral and social condition of these unfortunate dependents. In all this large class, there are, as the board and other charitable workers find, many who can be reached and improved in condition, some taking places in good families, which are the only natural reformatories. Let us hope that these patient workers may be rewarded by a large number of these unfortunates being elevated to useful membership in society. Yet after deducting all such as may possibly be improved and made self-sustaining, there will remain a large class which we might call *incurables*, from whom the taint of evil cannot be removed. These, from their condition and environments, cannot voluntarily adopt any means for their own improvement. Through the course of heredity, they will continue the entailment of their disease, crime or pauperism, thus burdening the state with a sad mixture of evils. 'Can this be prevented to any great extent, and if so, how? are philanthropic questions of great import and should interest a profession into whose care these unfortunates are largely placed. As an indication of what we would suggest to prevent the increase of this great evil, we would ask what would have been the result had the heads of the Jukes family, the Chretien family, and others of the same ilk, been cared for in asylums, separating the sexes during the child-bearing period? Contemplate the benefit to state and society in the case of the Jukes family, of the amount of crime that would have been unknown and criminals unborn, besides one and a quarter millions worse than lost, "not taking into account the entailment of pauperism and crime of the survivors in succeeding generations, and the incurable diseases, idiocy and insanity growing out of this debauchery, and reaching farther than we can calculate." The direct or physical effect fades in comparison with the measureless amount of pollution that is cast upon the state and community by such a family.

At the beginning of the present century one Malthus, a practical philanthropist, and clergyman of the Established church of England, had the boldness to propose as a cure for the increasing pauperism of that country, an increased prudence in marriage among the poorer classes; claiming that unless you have this, improvements in other respects are of very little consequence, and that the temptation to crime in squalid and hopeless poverty causes a great moral degradation of character. But Malthusianism was the synonym for degradation, and Malthus after being abused by politicians and churchmen for more than half a century, has in the present day, as defenders of his theory, such noble minds as Faucett and Mill who believe it is the only cure for pauperism and that the general operation of checks to population from prudential reasons, indicate the diffusion of a high morality.

Sound political economy cannot deny the inherent right of the state to take means to perpetuate its citizenship in an improved condition. To accomplish this, its duty is to adopt all proper and practicable measures to prevent deterioration in its poorest subjects, for all combine to make up the character of the body politic.

While it is admitted that the state has no right to interfere with or abridge the right of its most humble subjects, except for the strongest reasons, we think, as a police for the public health, jurists and legislators on impartial investigation would decide that government has an undoubted right to exercise restrictions on the reproduction of a progeny that is only a curse in community. Henry Wade Rogers, in a late number of the *Princeton Review*, says, on a similar subject, "Certainly it is a seeming absurdity that a state should be possessed of the power to legislate for the prevention of offenses, and at the same time be denied the right to put forth that power to eradicate the cause of almost all offenses; that it should be under the necessity of burdening itself with an enormous taxation for the support of the poor; the insane and the idiotic, and at the same time denied the right to remove the cause which make this enormous public expenditure necessary."

In the belief of the "survival of the fittest," some may contend that families affected by evil heredity will become extinct, through their own inherent weakness pitted against the moral strength of the better class. Granted that this *may* be, though not at all probable. The cases of the families cited show that *several* generations of society would be infected in morals and burdened in taxation before any extinction through self-limitation could take place. And it may be some will think these suggestions in advance of the age, that is, in advance of public opinion of the community. As an index to the opinions of those who have given the subject the greatest thought, who have shown the most active interest, and who are in positions to judge intelligently, we wish to make a few brief quotations. Dr. Hoyt, in the report above referred to, (p. 196) says:

"The element of heredity enters so largely in the problem of pauperism that it should receive special attention. The degraded, vicious and idle, who, when in good health, are always on the verge of pauperism, and who, at the approach of old age and illness, inevitably become paupers, are continually rearing a progeny who, both by hereditary tendencies and the associations of early life, are likely to follow in the footsteps of their parents. There is a large number of families throughout the state which are kept together by private and public charity, the sole end of whose existence seems to be the rearing of children like themselves. The line of pauper descent very difficult to break, but unless vigorous efforts are directed toward this end, the number of the dependent classes will grow in a constantly increasing ratio.

"Few persons who have not given detailed attention to the subject, realize how much of vice and pauperism, idiocy and insanity is hereditary. It is believed to be the duty of society to take positive measures to remedy this evil. What forms these measures should take, and how far the effort should be carried, present the most serious questions which press upon the legislator. It is a subject to which little attention has hitherto been given, at least outside of treatises

on physiology; but the time is rapidly approaching when its importance will compel the attention of the moralist as well as the law maker."

Dr. Nathan Allen, of Lowell, Mass., in a paper read before a conference of charities, at Cincinnati, says: "Who are paupers? What is their history and character! What caused or made them paupers? Careful observations show that large numbers have certain characteristics in common, making what may be called a pauper class, and continue as such for generations. In every large almshouse are found, to some extent a permanent set of inmates who have connections in the same or in other alms-houses, and whose parents or ancestors have been frequent inmates in such establishments. There is such a thing as families breeding pauperism, and perpetuating it for generations. It is found that they have peculiarities in organization and character, which can be traced back to the same or similar causes.

"The now celebrated 'Margaret, mother of criminals,' reported in New York two years since, furnishes a striking illustration of hereditary crime. An investigation was made through the New York Prison Association, in the jails and prisons of the state, extending back six generations, which resulted in tracing out nearly three hundred criminals descended from one wicked woman! If a thorough inquiry were made on this subject, doubtless other similar illustrations would be found. If the truth could be known, we believe a large amount of crime would be traced back to hereditary influences."

Dr. Kerlin, superintendent of a state institution for feeble-minded children at Medea, Pennsylvania, says in a paper on the "Causation of Idiocy:"

Sixth generation—That in 27 per centum of cases of idiocy, we find as a concurrence *imbecility and insanity begetting idiocy*—introduces a very serious question for the law of the state to settle, viz., whether marriage of the evidently unfit shall be tolerated, and whether pauper imbeciles shall continue to entail on the community a burden of woe and expense that heaps up in misery the further it descends.

"It seems incredible that, in an enlightened community, a woman should go on giving birth in succession to five microcephalic idiots, three of whom survive to be supported at the expense of the state so long as they shall live.

"It seems incredible that a female insane pauper should have been discharged two successive times from a county house, returning to a drunken husband to become twice encephalic with defective or idiotic progeny.

"It seems incredible that a husband living with a wife who is known to be insane should go on biding into being successive imbeciles and incompetents, apologetically explaining that his wife was in better health while encephalic.

"It seems incredible that there should be a county in Pennsylvania where the inbreeding of paupers and pauper imbeciles of the same parentage is possible, until a large family of wretched creatures is issued to scatter and propagate an infamous brood."

A prominent clergyman who has had a large experience in charity organization societies in England, and the projector of all such societies in this country, when asked for an opinion on this subject, answered promptly, "I would take a hint from the stock breeders and prevent the reproduction of the dangerous class."

President Anderson, of Rochester University, who gave me the key-note of this paper, in a recent letter says: "I am glad if any words of mine have led you to an investigation of this all-important subject. I believe it to be the duty of all medical men to study it with care.

You will find that the class of persons who are miserably poor are more likely to marry young and rear large families than those who are wealthy and expect to become so. The tendency of increase is on the whole greatest among those whose children are most likely to become public charges."

Hon. W. P. Letchworth, of the New York State Board of Charities, who has just completed an extended tour of investigation among the eleemosynary institutions of Europe writes: " . . . Your proposition, though seemingly bold from the lack of public enlightenment on the subject, will eventu-

ally be accepted. Perhaps the first practical step in this direction in America was the presentation of the subject by Mr. Letchworth, some years since, in a State Convention of Superintendents of the poor held at Poughkeepsie, and the securing of a pledge from that body to co-operate in attempted legislation to provide custodial care of idiots. In mentioning the experimental institutions at Newark, Wayne county, for idiotic and weak-minded girls and women during the child bearing period, Mr. L. writes: "I believe there are about one hundred there at this time, who, but for this arrangement, would be breeding children in the poor-houses or elsewhere. What our board desires further is a similar institution for male idiots." The Newark asylum referred to originated through a lady member of the State Board, who in her official visit to the county poor-houses, was shocked to find more or less imbecile and idiotic females the mothers of illegitimate children. She reported the matter to the board, and the result has been the opening of this asylum where about one hundred of these unfortunate females are properly cared for.

In this imperfect manner, I have attempted to portray a growing evil, and to indicate, as I believe, the direction the remedy should take. In such cases, it is our high prerogative as conservators of the public health, to point to the facts and designate the necessity for legislation. Here we rest the case, and leave the responsibility for action where it properly belongs, with our legislators. We show the necessity of bridging the chasm, without giving any plan or detail for the work. But I believe if the present legislature were to appoint a commission from such men as the members of the State Board of Charities and the Prison Reform Association, to confer on the subject during the year, they would report a practical plan at the next session.

Ladies and gentlemen, I beg your pardon if I may seem to have digressed from a strictly professional topic. You have all had considerable experience, and have certainly seen living illustrations of some phase of this subject; and I believe it is our duty, as we are blessed with an intelligence above a

less favored portion of humanity, to make all possible endeavor, for the purification of society generally, as well as for the restoration to health of its individual members.

Materia Medica Department.

A SIDE-SHOW OF GELSEMIUM.

BY W. W. DAY, M. D., DAYTON, W. T.

I have been treating a case of phthisis pulmonalis, in which I gave Gels. tincture to procure rest for my patient. I gave three drops every three hours during the first part of the night. My patient was a female, thirty-two years of age, mother of four children, of a delicate nervous temperament, and mild disposition. After having used Gels. nearly a week in the way above prescribed, she asked me if there was any thing else that would produce rest? I said, yes, there was other medicines that would be admissible. I asked her if Gels. did not agree with her? She said, Oh yes, but it made her feel as though some one else was sick and not herself. She said she worried about some other person having her sickness. I asked her if it produced this effect every time she took it? She said it did.

I will drop this case at this point, and picture another case that I was treating at the same time—a Mrs. K—— who had came to this place about the first of October last, from California. She is forty-seven years of age, approaching the climacteric period of life, menses irregular, of a nervobilious temperament, sharp features, slim and thin.

Her husband had met with reverses before leaving California, and after arriving here among strangers, together with her husband's misfortune, she sank into a semi-melancholy state of mind. I treated her about two weeks when I thought of Gels. in her case. It suggested itself in her

case from the fact that when I would call and question her she would call her little daughter, (Dolly) a little sprightly girl of seven years, and as healthy a child as could be; and she would give one agonizing groan, and say, "Oh! doctor," if you could only do something for Dolly she is dying with pain. No mortal knows how that child suffers. She is diseased from her head to her feet, and is dying by inches." This was her every day salutation. She declared she was well, but Dolly was sick, and dying.

Is it strange that I should think of Gels. after remembering the pranks it cut with my consumptive patient. I gave it in mother tincture, and my patient, to my surprise and satisfaction, commenced improving, and after taking the medicine two days I heard no more about Dolly, and in less than ten days from that time was able to go on a farm and oversee her own household affairs, and has since called to see me and now enjoys good health.

POISONOUS EFFECTS OF CHLORATE OF POTASSIUM.

Two high (Allopathic) authorities, Billroth and Jacobi, have recently testified* to the danger of abusing this drug. They agree in attributing many fatal issues of diphtheria to this salt employed in the usual way.

Billroth, who has been giving it to correct ammoniacal and purulent urine, preparatory to lithotripsy *a la* Bigelow, records a fatal result here also. The patient, a man of sixty-four years, went to sleep on the second evening after the operation (the medicine being continued) and was found in the morning apparently asleep, but dead. At the post-mortem, the blood was found of a dirty brown color, and the brain, spleen, etc., of similar hue. His conclusion is that the drug caused "the destruction of the red blood corpuscles, and the freeing of their pigment." The same was

* *Cincinnati Lancet and Clinic*, Feb. 5, 1881: *Louisville Medical News*.

observed in diphtheritic cases, one of which showed "dark brown urine." (Compare Erb's experiments with another Potassium salt—the Picrate.)

Jacobi ascribes to it weakened digestion, acute nephritis, and paralysis of the heart, all a fatal tendency in diphtheria, etc. Enteritis has also assisted the nephritis in killing a healthy man. Jacobi denounces a reliance on this salt against diphtheria *per se*, yet considers it the principal remedy for the neighboring stomatitis and pharyngitis.

Both writers warn the profession against large doses. On our part, these poisonous effects have an important use. They show that the Kali chloratum (not the Chloride or Muriate, of Schussler), is an important remedy in enteritis, in nephritis, and in some blood diseases, as well as in paralysis of the heart:

J. C. M.

PILOCARPUS (JABORANDI.)

BY E. M. HALE, M. D., CHICAGO.

I am much pleased with the excellent resume of the pathogenetic and therapeutic effects of Jaborandi, so admirably arranged by Dr. Burt, in your last number. Allow me to add some collected observations and personal experience of my own.

(1). During the past year I have had several cases of *persistent nausea with profuse spitting and salivation*, occurring in pregnant women. The symptoms were so similar to those of Jaborandi that I prescribed it in the 2x dilution, and in each case with prompt curative results. In one case it caused some aggravation for a day or two, followed by rapid recovery.

(2). I recently saw a recommendation of Jaborandi in the *forming stage of Quinsy*. The writer stated that he had been able to arrest the inflammation in several cases, in persons who had suffered with suppurative tonsillitis several times previously. In two cases under my care, I be-

lieve I arrested the inflammation with Pilocarpin 2x trit. two grains every hour.

(3). A German writer (quoted in "*New Remedies*," (Allopathic) claims to be successful with Pilocarpin in the treatment of *diphtheria*. He prescribes it in the following peculiar manner. He gives every two hours a teaspoonful of the following mixture:

℞ Pilocarpin gr. iv.
Pepsin ℥i.
Water } a a ℥ii.
Glycerine }

Of this the patient takes a dose every two hours. The teaspoonful is swallowed slowly (or "gargled,") as it is swallowed. His theory is that the Pilocarpin stimulates the secretions of the glands and thus aids in loosening the membrane, while the pepsin *digests* and destroys it. Owing to the rarity of *real diphtheria*, I have had but few opportunities for testing it, but in two cases, I feel quite sure that it was of decided benefit. In young children, the dose is too large, for I found that *one grain* of the muriate of Pilocarpin to four ounces of vehicle was sufficient to cause profuse salivation, but it was attended by decided benefit.

(4) The secondary symptoms of Pilocarpin are *dry mouth and fauces, and dry tongue*. I have used it in one case for these symptoms. An old lady, suffering from paralytic dementia, suffered with such intolerable dryness of the mouth, tongue and fauces, that no remedy had the slightest palliative influence. I prescribed Pilocarpin 2x trit. a grain every two hours. As long as she took it *the mouth was moist*, and it did more, for it caused easy and restful sleep, whereas the nights had previously been sleepless. I believe this to be a very useful remedy, and when fully understood and properly prescribed, will be better appreciated by our school.

Dangers of Vaginal Irrigation during Labor.—Frommel saw two cases in Schroder's clinic in which carbolyzed injections were attended by convulsions. Case I. A multipara was injected with a two per cent carbolic solution as a prophylactic before the waters had burst. After about half a litre had been injected convulsions set in, and the patient lost consciousness. She recovered after several hours. The child, however, which was previously alive, was born dead. Case II. Similar results followed vaginal injection, with the exception that the child was already dead. †

Consultation Department.

ANSWER TO CASE FOR COUNSEL. "PRAIRIE ITCH."

While a resident of Minnesota, ten years since, I had quite an experience with the disease called prairie itch. I used to rely too much upon internal treatment, which, in my opinion, is of very little account compared with the external. I finally cured my patient with "*Corrosive sublimate*" five or ten grs. in a pint of soft water, applied once or twice a day.

C. J. FARLEY.

FOR R. M. W.'S. CASE. "CHRONIC DIARRHŒA."

Two remedies seem to cover a majority of the symptoms, viz: *Arsenicum* and *China*. I should give them separately at first, and in high potency, say 30th. If they failed in giving relief then alternate. The diet of course should be a matter of consideration.

C. J. FARLEY.

ANSWER TO CASES.

Answer to Geo. B. Sarchet, M. D., page 27. For the Mountain Headache—*Erythoxylon coca*. is the remedy.

What will cure Prairie itch? page 146, M.—Iod. ammonia 3d, trituration a powder every two or three hours. If no improvement in a short time, go back to the 2d trituration to be given in same manner.

D. A. H.

Progress of the Medical Sciences.

Perinephritis in Children.—Dr. V. P. Gibney, of New York, places on record fifteen additional cases of perinephritis, completing a total of twenty-eight. The ages of the patients varied between one and a half and fifteen years. Thirteen patients were males and fifteen females, and the lesion was equally distributed on both sides. In nineteen no exciting cause was ascertained, in eight there was a history of injury, and in one a nephritis seemed to be the starting point. The cases for the most part ran an acute course, commencing with rigors, and in addition to the usual symptoms of pyrexia, lancinating pains in the lumbar region, with constipation. 'Very soon there is preternatural immobility of the spine, a stooping forward with elevation of the shoulders. After a week or ten days, spasm of psoas-muscle occurs, and the gait becomes characteristic of that so commonly regarded as the second stage of hip-joint disease. Tumefaction

appears, and the pain becomes excruciating. If an exit be given to the pus a speedy recovery follows. If this be delayed it burrows along the cellular tissues, producing an immense abscess, which may open spontaneously. The average duration of the cases was three and a half months, and the amount of constitutional disturbance produced varied exceedingly. All with one exception, made perfect recoveries, and in that one their loss of power in the glutei muscles from destructions of fibres. The author is strongly of opinion that the greater majority of the reported cured cases of morbus coxæ are really cases of perinephritis that have undergone resolution, and points out a similarity in the symptoms of the two diseases necessitating careful examination. An extensive bibliography is appended.

Cancer of the Womb.—Professor Clay, of Birmingham, strongly recommends Chian turpentine in cancer. In one case, he says, I prescribed Chian turpentine, six grains; flowers of sulphur, four grains; to be made into two pills, to be taken every four hours. No opiates were prescribed or lotion used. No change was to be made in her diet or occupation. On the fourth day after taking the medicine the patient reported herself greatly relieved from pain, and was in better spirits, but she complained of a large amount of discharge. Twelfth week, my notes are—the parts feel ragged and uneven, and do not bleed on roughly touching them. The speculum shows several cicatricial spots. The turpentine has been taken regularly during the day for twelve weeks every four hours, during which time she has been almost free from pain and has had no hæmorrhage; no glandular enlargement; general health improved. Walks easily to the hospital, being about a mile distant. The following formula was ordered in another case: Solution of Chian turpentine, half an ounce; solution of tragacanth, four ounces; syrup, one ounce; flowers of sulphur, forty grains; water to sixteen ounces; one ounce three times daily. This form of mixture was given to the patient, and was much liked. She has now taken the turpentine for thirteen weeks uninterruptedly. The os uteri is a little more than one inch in diameter, and feels like a ring of cartilage about a quarter of an inch in thickness. The tumour has nearly disappeared, and the finger can be introduced posteriorly into the uterus for more than an inch. The general health has much improved, and she is quite free from pain and looks cheerful, and is becoming stouter. No sedative whatever has been given during the treatment. It is a most efficient anodyne, causing an entire cessation of pain in a few days, and far more effectually than any sedative that I have ever given. In the cases I have described no sedative was employed in any instance, although in some cases where great pain had existed previously to commencing the treatment, large doses had been given. All the patients after several months' treatment are living, and the disease has not advanced as is usually the case, but has retrogressed in fact, has all but disappeared; and it may at least be safely asserted that when the remedy is steadily used for some time it arrests the prog-

ress of the disease, and relieves the pain incidental to the morbid growth in a manner which cannot be said of any other remedy.

It is by no means easy to obtain Chian, or Cyprus turpentine. So long ago as the date of the publication of the earlier editions of Pereira's *Materia Medica* there was so much difficulty in procuring the substance that the profession was especially warned against the almost inevitable substitution of Venice or Canada turpentine or some terebinth of totally different properties, in dispensing of prescriptions, for Chian turpentine. Probably there is scarcely any of the true resin in the market at present, and only druggists who happen to possess a small forgotten store can supply it. We think it desirable to make this intimation for the sake of medical practitioners who may be anxious to try the remedy, but who are almost sure to be disappointed, unless they take more than ordinary measures to ensure accuracy. As Professor Clay stated in his paper, no other terebinth except the Chian has been known, or can be expected, to produce the effects which have followed its use in his cases.—*Lancet*.

Large Heads in Children.—In a clinical lecture at St. Bartholomew's Hospital, after pointing out that a large head is normal in children, since the brain attains its full size certainly by the eighth year, Dr. Gee insists on the study of the shape rather than to the actual size of the head. The outline of the longitudinal vertical plane from immediately below the occipital protuberance over the vertex to the root of the nose, is the cranial section which affords the most valuable data. An imaginary line through the skull, joining the above-mentioned points, would correspond to the basis cranii, and the outline of the section so limited would be that of an irregular pentagon. As the result of many observations, the author draws the following conclusions. 1. The base line of this pentagon does not vary as the other sides do, and may be taken as a constant. 2. The greatest antero-posterior diameter of the cranial cavity, measured by a line drawn parallel to the base line between the most prominent parts of the frontal and occipital bones, bears, in healthy children under three years old, a relative proportion to the base line from 6 to 5, or at most of 5 to 4. 3. When this proportion is exceeded, the skull may be termed 'long,' and is manifest by the projecting forehead or occiput, or both; such abnormality constituting one form of 'big head.' 4. In the other class of 'big heads,' the cranial section is circular rather than pentagonal, and gives rise to 'round, or cyclocephalic skulls. The author goes to show that the 'long' skull coincides (a) with a brain which, though large, gives no abnormal indication in structure or function; (b) with a large brain which is diseased; (c) with a small brain, the remainder of the cavity being occupied by serious effusion. It is noticeable that in this form of hydrocephalus the fluid, which in both intraventricular and subarachnoid, is passive in character reproducing on pressure effects on either skull or brain. Such is the head that is usually met with in rickets, and occasionally in congenital syphilis, thus giving grounds for the view that the latter may be a cause for

the former disease. Another form of large head met with in hereditary syphilis, never, however, attaining a great size, is due to extreme thickening of the cranial bones. The 'round' head is associated with that form of hydrocephalus which is characterized by ventricular effusion previous to the closing of the sutures and fontanelles, thereby dilating the skull by equal pressure in all directions into a sphere, and compressing the brain. The author points out that the acute cantricular effusion occurring in tubercular and purulent meningitis does not produce the 'round' head, even when the sutures and fontanelles are not closed, perhaps from the pressure not being of sufficient duration.

The Appearance of the First Menstruation and the Duration of Pregnancy.—The author concludes, from a series of 10,522 cases in the Munich clinic, that the sixteenth year is the most common age for the first appearance of the menses in the city as well as in the country. The average duration of pregnancy is from 269.84 to 270 days. The minimum time in which a child can be developed and be viable is 236 days. The maximum duration of pregnancy is 334 days. Gestation terminating in summer continues on an average three days longer than pregnancy terminating in winter. Children born in summer are slightly longer and heavier than children born in winter.

Peptonised Milk as Food for Infants and Invalid.—Dr. Rr. J. Nunn, of Savannah, writing in favor of peptonized milk for infants and invalids, suggests that it should be prepared with pepsin, in the proportion of ten grains to the pint of milk. The casein thereby coagulated falls in small flocculi, thus preventing the formation of large and tough clots, into which milk, whether raw or boiled, is apt to be converted in the stomach. It will be remembered that Dr. Robert's has lately proposed that the pancreatic secretion should be employed in the manufacture of peptonised milk; and Dr. Nunn's plan does not appear to possess any advantages, whilst his objection to the use of pancreatic ferments, on the ground of their likelihood to change when swallowed into the stomach, is met by the plan of mixing pancreatic extract with the warm food, some time before it is administered. And experiments show that milk is much more easily digested by pancreatic extract than by artificial gastric juice.

Lesions of Paralysis Agitans.—M Demange of Nancy (*Paris Medical*, November 4. 1880), has seen in a typical case of paralysis certain important lesions, which agree with some observations of Joffroy, Fernet, Murchison, and Dowse. There existed a medullary lesion consisting of a periependitis with obliteration of the canal, inflammation of the posterior roots, sclerosis of the columns of Goll and very marked interstitial myelitis disseminated in the antero-lateral white columns. This disease developed itself as the result of repeated injuries to the lower limbs. The obliteration of the canal of ependyma is unimportant. It is found in old men who present no symptoms of Parkinson's disease. This is not so, however, with the

gray periependitic substance, and the alterations of the cells of the vesicular column of Clark. In fact, in all nervous fibres cross in a grey periependitic substance. They are then in a state of continual irritation; thus the reflex excito-motor arc of the spinal cord in a state of permanent excitement. On the other hand, the small grey nerve-cells of Clarke's columns are the terminal points of the fibres of the posterior roots of the dorsal and lumbar regions; there is, therefore, permanent excitation of these sensitive roots determining by reflex action automatic movements in the muscles served by the corresponding motor branches. These conscious movements arise from bulbo-spinal and from encephalic disorders, and if any hemiplegia follows it has no influence on the trembling of a paralysed side, and the will which previously had preserved certain power over this agitation of the paralysed side, will have no longer very much influence in arresting it. Finally, sclerosis of the columns of Goll—the commissural longitudinal fibres of the spine may account for certain phenomena, especially those of irresistible impulse.

Medical News.

Dr. Charles N. Dorion, of St. Paul, fell February 20th, and sustained a fracture of the left leg.

Dr. C. H. Vilas, has removed his office from 56 Washington street to Central Music Hall block.

Dr. L. E. Ober, of La Crosse, Wis., was informed by Dr. Shepherd is suffering with cancer of the stomach.

The Texas Legislature have decided to have a medical department to their university. *Dr. C. E. Fisher*, of Corsicana, urges that Homœopathy be also taught in this new medical department.

The next meeting of the Ophthalmological and Otological Society will be held at Brighton Beach in June, and not at Long Branch as I stated in circulars which I have sent out. LEWIS.

Died.—*Dr. M. J. Hill*, of Davis Junction, is gone. He died December 16th. with typhoid pneumonia. His sickness lasted five days, but he was ready and willing to go; his trust and confidence in God was perfect. MRS. CHLOE W. HILL.

World's Homœopathic Convention 1876, volume II, History. We are desired by the editor to state that the above book is completed, and has been sent out. If any one entitled to receive a copy has not done so, he will please notify *Dr. Guernsey*, 1923 Chestnut St., Philadelphia, Pa.

A Good Field.—A doctor with a back-bone of a whale, the muscle of a tiger, the hangonativeness of a bull dog: the pluck of a prize-fighter;

one of those dare-devil don't-care sort of men, with the materia medica by rote and surgery at his finger ends can find a good field at Laramie City, W. T. It is a city of 3,000, on the U. P. R. R'ds. Extensive machine shops; and the doctor's bills are paid as soon as the patient is discharged. No country practice, no mud, no intermittent fever. A doctor possessed with the above requisites, will find a lucrative field in time.

GEO. B. SARCHET, RAWLINS, W. T.

The Northwestern Academy of Medicine will hold its fifth annual meeting at Omaha, Neb., with the State Hom. Society, on the first Wednesday and Thursday of May, 1881. Bureau of Materia Medica and Proving, Prof. Cowperthwaite, Iowa City, Chairman. Bureau of Surgery, T. H. Bragg, Hamburg, Ia., chairman. Bureau of Physiology and Anatomy, J. F. Sanborn, Taber, Ia., chairman. Bureau of Obstetrics and Disease of Women, O. S. Wood, Omaha, Neb., chairman. Bureau of Pædology, Bart L. Paine, Lincoln, Neb., chairman. Bureau of Otology and Ophthalmology, C. P. Hart, Omaha, Neb., chairman. Bureau of Clinical Medicine, S. J. Bumstead, Lincoln, Neb., chairman. Medical Education; W. H. Parsons, Glenwood, Ia.

W. H. PARSONS, M. D., President, Glenwood, Ia.

W. D. STILLMAN, M. D., Secretary, Council Bluffs, Ia.

Allopathy too much for the Baby Elephant.—The mother of the baby elephant, who has been sick at Bridgeport, Conn., has entirely recovered, but the baby itself is now on the sick list. Friday morning the youngster nursed, as usual, but as the time of noon approached she appeared to grow gradually unsteady in her gait, and finally became so weak that she could not stand without assistance. The young patient was found to be suffering from cramps in the stomach, caused, it is said, by taking into the system, with the mother's milk, much of the enormous quantity of Quinine administered to the mother a day or two before. The keepers, previous to the arrival of the doctor, applied such remedies as their experience suggested, the most effective of which was wrapping the sufferer in heated blankets. With the spasms came an apparent loss of the sense of hearing, for the most familiar words addressed to the baby by the keepers elicited no signs of recognition. The mother, while medicinal remedies were being given the patient, appeared most solicitous, watching every movement of her offspring with deep anxiety and occasionally endeavoring to lift the young one out of reach of the attendants with her trunk.—*Boston Globe.*

The Hahnemann Medical College and Hospital of Chicago.—The twenty-first annual Commencement exercises of this institution were held in the Grand Opera House, on the afternoon of February 24. The audience was a very large and fashionable one. Bishop Fallows prefaced the proceedings with an address. Registrar Hoyne stated that the class numbered 243, of whom 193 were gentlemen and 50 ladies. Of the 115 candidates for graduation, 101 have complied with the requirements of this college, and of the State Board of Health.

LIST OF GRADUATES.

The president of the college, Dr. A. E. Small, conferred the degree upon the following fine company of recruits for the medical army:

Edmund J. Abell, Ill.; Sarah J. Allen, Ill.; Geo. W. Arbuckle, Minn.; R. M. Atherton, Ind.; John Babington, Mich.; A. H. Baldwin, Ill.; P. E. Ballou, Ind.; H. A. Barber, Mich.; Addie M. Barnes, Ind.; Alma S. Bennett, D. T.; G. P. Bennett, D. T.; A. M. Benson, Wis.; W. N. Boyer, Ill.; G. E. Brown, M. D., Ill.; Dagmar M. Brown, Wis.; S. S. Brooks, Pa.; Z. Z. Bryant, Iowa; W. F. Burg, Iowa; S. A. Campbell, Iowa; J. A. Carson, Iowa; A. E. Chamberlain, Ill.; C. F. Clark, Ohio; Emily S. Colt, Mo.; D. D. Cole, N. Y.; A. G. Cook, Cal.; Artie L. Culver, Ill.; B. Viola Cushman, Mo.; W. F. David, Ill.; B. C. Gidman, Conn.; Loren Isenberg, Ohio; Adolph A. Just, Minn.; J. F. Kerr, Ohio; H. A. Lathrop, Ill.; F. B. Lewis, N. Y.; Jennie M. Lyons, Ill.; F. J. Magee, D. T.; R. C. Markham, Mich.; I. M. Martin, Ill.; E. McEwan, Iowa; Sarah A. Mendel, Ill.; C. F. Mitchell, Minn.; B. F. Monroe, Neb.; G. H. Morrison, Ill.; E. W. Mudge, Mich.; Geo. H. Neal, Neb.; W. H. Nickerson, N. Y.; D. M. Nottingham, Ind.; F. B. Olney, Iowa; W. A. Paul, Maine; Emogene Parkhurst, Ill.; S. D. Pollock, M. D., Ill.; A. C. Davis, Ill.; C. A. Dewey, Wis.; H. W. Dickinson, N. Y.; C. M. Dinsmore, M. D., Neb.; Elizabeth B. Donohue, Ill.; D. M. Dow, N. Y.; W. A. Dunn, Ind.; Jas. B. Dunham, Ind.; J. W. Enos, Ill.; W. S. Eshbough, Ill.; Mary C. Farnham, Ill.; Ira H. Fry, Iowa; William S. Geale, Ind.; S. T. Goddard, Mich.; C. B. Graves, Mich.; F. M. Gustin, Ind.; R. C. Gustin, M. D., Ont.; Wm. A. Hanlin, Ohio; C. N. Hart, M. D., Col.; W. L. Hoaglin, Kan.; G. C. H. Havens, Mich.; G. E. J. Heitman, Wis.; R. Celia Henderson, M. D., Minn.; A. J. Howe, M. D., Cal.; H. P. Holmes, Ind.; Thos. T. Howard, Ill.; D. W. Howard, Ill.; D. V. Ireland, Ohio; John N. Primus, Ill.; J. W. Pennock, Mich.; John S. Rinninger, Ohio; O. P. Rice, M. D., Mass.; W. H. Schock, Utah; E. D. Scott, Ill.; T. Seems, M. D., Iowa; J. W. Shirley, Mo.; N. P. Smith, Ill.; H. O. Smith, Ill.; Ida M. Snyder, Ill.; Mary Stenmans, Ill.; C. L. Swift, New York; W. H. Sweeting, New York; P. E. Triem, Iowa; J. L. Walker, Ill.; M. M. Wan, Ind.; E. C. Waltersdorf, Mich.; J. M. Welsheimer, Mich.; Almeda P. Westfall, Minn.; E. H. Wood, New York.

The Valedictory on behalf of the Faculty was delivered by PROF. R. LUDLAM, and was replete with good advice to the graduates.

The class Valedictory was delivered by R. C. Markham, M. D., of Michigan. The first prize for the best general examination was taken by Mrs. Alma L. Bennett, of Dakotah. The second ditto, by W. S. Gee, of Indiana. Dr. C. A. Dewey, of Wisconsin, was elected House Physician, and Dr. W. S. Gee, of Indiana, House Surgeon of Hahemann Hospital for the ensuing year. The annual banquet was held in the evening at the Palmer House.

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Children's Department.

*PREVENTING DISEASES AND DEFORMITIES
BY REMEDIES.*

(Continued from page 240.)

But this further experience of mine I will refer to again, as an interesting paper, published in the *Practitioner* for December, 1878, by Dr. Thomas P. Tuckey, of County Cork, Ireland, here claims attention. Dr. Tuckey is evidently an original thinker. This paper is entitled, "On the Preventive Treatment of Cleft-palate and Hare-lip, and some further Remarks on the Relation of the Ovaries to the Sex of the child."

Our author tells us that his attention was directed some years ago to the remarkable success which has attended the Dublin Zoological Society in the breeding of lions, and the

great immunity which animals born in their gardens, in the Phoenix Gardens, enjoy from various disorders and deformities to which the lion bred in a state of subjection is liable. The most remarkable of these diseases is cleft-palate, which lions in a captive state are very apt to have. Dr. Tuckey, believes it was the Rev. Professor Haughton, when speaking before some public assembly, who drew attention to this fact and stated that it was his opinion that the cause of the lions in the Dublin Gardens being born so unblemished was giving the mothers bones which they could crush. This fact very much impressed Dr. Tuckey, and as he happened to have under his observation a family of several children who were all, both male and female, subject to hare-lips, several of which cases were complicated with cleft-palate, he determined to speak to the mother, who was in poor circumstances, and ask her to let him know the next time she was in the family-way, that he might give her a medicine which would prevent her next child having the same deformity as the others. The poor woman was heart-broken, taking her children here and there to be operated upon, and quite jumped at the idea, and promised faithfully to come and report herself the moment she believed herself to be *enceinte*.

This is the woman's family history:

Mrs. H., aged thirty-five, mother of six children. Every one of her children have had hare-lips, two have also had cleft-palate. The disease appeared not to be hereditary, and she could not call to mind any of her family, or of her husband's family, who have had hare-lips. Is a fine strong woman, but has fearfully crooked eyes; no other deformity. Has always had good health. Her husband, small, but strong and healthy, never has had any diseases while she has been married to him. He and she have both lived all their lives in the country. He is sober, and has always been so. Her first child had simple hare-lip; no cleft in palate; does not remember getting any frights when carrying her children.

A pregnancy occurred; Mrs. H. presented herself, and the doctor prescribed the following mixture:

℞ Calcis phos. ʒj. grs. 20.
 Calcis carb. ʒj.
 Bicarb. magnes.
 Chlorid. sodii.
 Sodæ. phosph. a a ʒ ss. M.

To be added to an 8 oz. mixture composed of Gelatine, Gum arabic, Syrup of ginger, and Cinnamon water; 1 drachm three times daily.

As clefts in the palate and lip are said to be due to arrest of development prior to the end of the third month, Mrs. H. was at once put on this mixture, which is intended to represent a very rough analysis of the constituents of bone. In any future cases Dr. T. thinks he would grind up the bones of the head of some animal, and give some of the powder instead of the above elaborately constructed mixture.

The essential parts of this mixture are clearly the Lime, Phosphorus, and Magnesia. The little poly-pharmaceutical performance of adding Galatine, Gum arabic, Syrup of ginger, and Cinnamon water is not a little amusing.

But to return. The woman took the mixture regularly until the fourth month; she went her full time, and was delivered of a girl, without a trace of deformity about her lips or palate; the child was healthy and strong.

Hearing of this case, a Mrs. L. came to seek Dr. Tuckey's advice. She was the mother of eight children, most of whom had cleft-palate and hare-lips; in four of them the hare-lip was double, and more shocking objects of deformity he had never seen. One boy was perfectly repulsive. The woman believed herself pregnant, and was at once put on the mixture. She went her full time, bore a girl without hare-lip, indeed, *but who evidently had had one in utero*, for the lip, though united, was united *crookedly*, and one side was puckered up, as if by a slight and narrow burn.

This is, truly, a most remarkable and interesting case.

I must demur to the statement that the arrest of development occurring before a certain period necessarily involves the conclusion that treatment in the latter months of gestation would be useless. This is a pure assumption, and

based on normal observations. Here we have to do with arrested and *therefore retarded* growth, and hence the nutritional or medicinal treatment should not only be begun early, but continued to the end; and one begun late would still be hopeful of obtaining amelioration, if not of complete normality.

Again, there is an objection to the use of the bone, simply as the lips have not the same constituents as the bones, and in the same proportions; so if we are to give pulverized heads we must give the lips too.

But we, happily, need neither one nor the other; neither do we need any bulky, cunningly-devised mixture, with nasty or nice additions, to mystify, and obscure, and render our own observations open to objections.

Pure clinical experiment must be with one remedy at a time to be conclusive.

Thus, I may object to Dr. Tuckey's proposition that the Phosphates did the work in his cases, on the ground that the tincture of ginger acted as a stomachic, and strengthened his patient's digestions, so that they assimilated more food, and *thus* were the defects prevented. Another might attribute it to the Gelatine; a third to the Alcohol, a fourth to the Cinnamon.

Then this polypharmacy prevents individualizing, which is the soul of all true progress in scientific medicine.

I was once struck with the extreme beauty of a lady's children, both parents being rather plain, and found that she had been in the habit of using a mixture of Phosphorus, Iron, and sherry during gestation to keep her strength up. Her own health was seriously injured by it.

I think it will be conceded that it is at least highly probable that the preventive treatment of congenital deformities and defects may be undertaken with good chances of success, and I venture to submit that this corner of the field of practical medicine is well worthy the attention and skill of all physicians, and also of all well-wishers of the race, lay as well as medical.

It will be of surpassing interest to the individuals and

families more immediately interested, through having undesirable family proclivities.

There is here great scope for the tissue remedies, especially when dynamized, as it is likely to be qualitatively changed nutritive building material that is required.

No doubt the various cases of congenital defect and deformity differ essentially in their natures, and will require accordingly different remedial or preventive treatment.

This immense field lies fallow ready for the tilling talents of willing workers.

As soon as this is undertaken, facts will multiply, and reliable data will be at hand to guide us.

To draw a line of demarcation between the nutritional and medicinal treatment is not now possible. Undoubtedly some cases will require nutritional treatment solely; others will require medicinal treatment directed to the mother's constitutional crisis; in others, again, a debilitated generative sphere may claim attention. Or a presumable taint in the marital product may call for the principal intra-uterine therapeutic endeavours.

Here I may narrate the following observation. A lady patient of mine was extremely fond of liver, during one of her pregnancies; at least once a week she would partake copiously of it—pregnancy fads are as old as the world. This lady was delivered of a very fine *child that had extensive pigmentation of the forehead*, such as we are wont to see in some ladies during gestation. This brown discoloration gradually disappeared from the baby's forehead in about four weeks. The mother's skin was also in parts very deeply pigmented, but not the forehead.

Hitherto we have referred more particularly to the preventive nutritional and medicinal treatment of defects and deformities; it has, we opine, a certain future.

Perhaps it will now be profitable to consider the subject of disease from the same standpoint.

To start with, we may not do amiss to realize the fact that we get, so to speak, a capital leverage for our therapeutical work, inasmuch as we have a number of months in which

to accomplish it. We know from daily experience that numerous diseases can be cured by a *course of treatment* spread over a considerable period of time, but which cannot be modified to any great extent with any *one* given remedy. The various remedies follow one another like steps in a staircase, and they are all needful to reach the top.

Then we have the most favorable physical conditions. Our fœtal patients are not exposed to change of temperature, but have a constant temperature in the best possible medium, and they are pretty sure to take their physic regularly.

Ever since my attention was arrested, as before stated, by the observations of hare-lip, I have sought opportunities of testing the truth of this theory—that the body fruit, while still within the womb, can be nutritionally and medicinally modified at will. Further cases of deformity have not presented themselves, but in general practice I have had some opportunities of observing the beneficial effects of the medicinal treatment of pregnant women for the prevention of various to-be-expected morbid states.

Thus, a lady patient of mine has a good many moles and warts on her person, and her husband a great number of warts, some very unsightly, on his. Considering the frequent observations that warts will, at a more advanced period of life, take on increased action, hypertrophy, and become epitheliomatous, their presence in an individual is not only æsthetically undesirable, but may become the source of positive danger to life; at any rate, they are ugly things at the best. Moreover, both of them are rheumatic and constitutionally strumous. This lady has passed through four pregnancies under my observation and professional care, and during each one I subjected her to a course of treatment with the most happy results. The four children were born with unblemished skins—wartless, moleless, and spotlessly pure.

It may be objected that the treatment had nothing to do with this purity of skin, as the interesting babes might have

been equally unblemished, without any treatment at all. Of course, I cannot *prove* the contrary, still—

"Like genders like, potatoes tatoes breed,
Uncostly cabbage springs from cabbage seed."

My belief is, and it is based on observation, that those four children would in all probability have all been born with unsightly warts on various parts of their persons had the mother not been treated to prevent it.

The course of treatment followed was in this wise—*a peu pres*.

Sulphur, generally in the sixth, twelfth, or thirtieth dilution (by preference the last-named), was given as the most certain anti-psoric. This was granted time to act, and then followed Thuja occidentalis as *the* anti-sycotic *par excellence*. Lest any specific taint lay in its history, Mercurius was given. The lady's teeth are very carious, and hence Acidum fluoricum was given for a while; the children have thus far sound toothie-peggies, and teethed normally and without any mediævally superstitious gum-lancing.

Apropos of gum-lancing, if those who still adhere to this barbarous practice would just work up the indications of Aconite, Belladonna, Ferrum phos., Kreasote, Calcareo carb., Calcareo fluorica, Silicea, Phosphorus, and the like, they would soon have, as I have, a *very* rusty lancet, and a very grateful heart, that they no longer need to pain the poor hairns and constitute themselves dreaded objects. Moreover, they would soon satisfy themselves, after a little careful observation, that the gums are not the offending parts, but the unfinished, abnormally constituted *teeth*, and a morbid something lying behind and beyond in the constitutional crisis. *Sapientibus sat.*

A lady, mother of several (five) children, was under my treatment for a chronic internal skin affection; her husband had formerly been successfully treated by me, for psoriasis of lower extremities, with Arsenicum.

The last baby I had treated for eczema while still at the breast, and when it was vaccinated the arm became very seriously inflamed, and the object of anxious care and medi-

cinal treatment. All the five children had had, I was informed something wrong with the skin, and every scratch with them festered.

The sixth pregnancy occurred, and I treated the lady during the greater portion of it. The principal remedies used were Psorinum 30, Sulphur 30, Calc. sulph. 6, and Juglans cinerea 1.

The child came in due course; everything was normal, and the little mannikin was the finest of the lot, and remained for two years with a pure skin, and the vaccination caused no inconvenience. All the other children had had cutaneous affections before they were a year old, and some of them proved altogether intractable.

The child passed from my observation then, but I have heard that it now has "something on its arm," but what I do not know. Supposing it to be a cutaneous affection, the result of the preventive treatment would be that it remained free for the first two years of its life; and moreover, it is by far the finest and handsomest of the six children.

Of course I cannot *prove* that it would have been otherwise if the mother had had no treatment at all.

It was once my duty to treat a conjugal pair, each for the morbus gallicus, that admittedly was a marital acquisition. A pregnancy occurred while only too many unmistakable symptoms were objects of treatment. During almost the whole of the pregnancy the lady was persistently treated with Mercurius, Aurum, Stillingia sylvatica, and the like, with an occasional pause. The usual term of utero-gestation resulted in the birth of an apparently perfectly healthy spotless child, and, as long as I observed it, it remained so.

No doubt other practitioners are in the habit of treating pregnant women for various ailments, and will be able, from longer experience and greater opportunities than mine, to give more striking examples of its efficacy in regard to the mothers, and perhaps also *quo ad* the offspring.

Having thus gone rapidly over the subject of the prevention of defect, deformity, and diseases by the intra-uterine medicinal and nutritional treatment of the pregnant person

during gestation, it only remains for me to apologize for the meagreness of the practical suggestions I am able to offer in the few minutes allotted to me for this paper, and to express a hope that you will freely add hereto in the discussion which is to follow, so that it may be said that I merely give out the text and you, gentlemen, preach the sermon.

[Before reading this paper of Dr. Burnett my attention was called to the possible relation of cleft-palate in the child and to gastric disorders of the mother.

I was called one day last fall to see a mother who had been delivered of an eight month's child about six weeks before. She was suffering severely with gastralgia. I found the case to be one of gastric catarrh and treated her accordingly, with the best results. The child was a small one and was put upon milk as it had difficulty of nursing from the partial cleft in the palate, besides the mother had only a little milk and this I judged not of the best quality. The general symptoms of this case recalled a similar one that I had treated about ten years before. In this instance the child had not only complete cleft palate, but also double hare-lip. The gastric catarrh of the mother was cured and a subsequent child was born perfect. It might be of interest to add that the first mother had morbus coxarius when young, and that the second mother was of a tubercular diathesis—the disease being now apparently held in check by Homœopathic remedies. That persistent gastric disorders in the early months of pregnancy must seriously interfere with the nutrition of the child is doubtless true, but whether gastric catarrh alone is responsible for congenital malformations or defects, except in a general way, is a problem worthy of farther attention.]

Removal of Scapula with one-third of Clavicle and the whole of Upper Extremity.—In the *British Medical Journal*, October 1880, p. 617. Mr. Lund gives a full report of the case of a young man, aged 20, on whom the above operation was successfully performed. A large rapidly growing sarcomatous tumor necessitated this serious mutilation; and the patient, who was presented to the last meeting of the British Medical Association at which the history of the case was read, fully justified, by his healthy appearance, the expectations formed if he submitted to the ordeal. Dr. A. F. McGill, refers to similar cases that have fallen under his personal observation, and give details of one that occurred in his own practice.

GASTRIC CATARRH—ACUTE AND CHRONIC.

BY T. C. DUNCAN, M. D., CHICAGO.

Read before the Western Academy at its Session in Minneapolis, June, 1880.

The catarrhal diseases of the infantile alimentary tract have received little attention, and perhaps least of all, gastric catarrh.

When writing up the stomach affections for my work on Diseases of Infants and Children I was particularly struck with the vague and uncertain character of the literature concerning them. Since then I have made practical study of the diseases of this organ. There are four diseases of the stomach that I have been able to define: Acute and chronic gastritis and acute and chronic gastric catarrh. The inflammation here as elsewhere is attended with defective secretion. There is scanty discharge of gastric juice and the mucous membrane soon becomes irritated and inflamed. While in the catarrhal forms there is a hypersecretion. As we cannot see the stomach, as we could an ulcer on the surface, we must find some way to get a clue to what is taking place in this viscus. The general appearance of the child will help us to suspect where and what the trouble is, and I would here say that the hints I propose to give are not collected from a few cases, but I have studied hundreds of babies to learn the facts here presented.

In a thin, acid child I expect to find inflammation somewhere, particularly if it has red lips and fingers and toes, or if the surface has a blue look. For the simple reason that when the blood is concentrated there is more tendency to hyperæmia and obstruction, particularly of the alimentary tract or of the cerebral circulation. If there is hyperæmia and dryness of the mucous surface it will be apparent on the tongue. The tongue is really an index of the condition of the digestive organs and its appearance should receive special attention. The coating of the tongue indicates the condition of the glands e. g. liver, pancreas and absorbant lymphatics, while the appearance of the tongue itself points to the

activity of digestion and to the vitality. The deeper the trouble and the lower down it is the more the tongue as a whole is affected. In stomach troubles then the tip of the tongue should receive our chief attention.

In gastritis the tip of the tongue is denuded of its epithelium. In the chronic form it gets very red and pointed as well, because vitality is seriously affected. The papillæ stand out prominently, giving the strawberry tongue. Vomiting and gastralgia (colic) are usually present in the acute form of gastritis. In the chronic form anorexia and gastralgia are the most persistent symptoms. In the catarrhal forms of stomach diseases the tongue is more pale than normal, moist and smooth. In the chronic variety of gastric catarrh the pale papillæ stand out on an anæmic base and the tongue itself is more dry, particularly in the morning, and narrowed. Acute gastric catarrh usually begins in the infant by over loading the stomach with fat food. Both mother and child are usually fleshy and the only complaint is that it "spits so." A spitting baby is not a healthy baby. There may be no complaint until the disease is well established and the terrific gastrodynia (colic) after eating will be the symptom for which relief is sought. A physician may not be consulted, but a soothing mixture given instead and so the system is blunted, while the catarrhal condition increases. The attacks in older children is usually ushered in suddenly sometimes from cold but more frequently from overeating, especially at night.

The chronic form comes on gradually and the chief symptom is the enormous appetite of these children. There is usually little or no vomiting, as we find in the acute form, unless the stomach is overloaded, and then it is often mucus and not food. Sometimes when the catarrhal hyperæmia has extended to the common bile duct we will have severe vomiting of bile and symptoms of jaundice, but such effects are only met in protracted cases. In infants the enormous appetite, the colic and restlessness (sleeplessness) are so persistent and annoying that one such child is enough to ruin

the reputation of babydom. But notwithstanding all, it grows fat and is a puzzle to its friends.

A symptom that is very misleading is often met in these cases, is a loose catarrhal hack or cough, or as the old ladies call it a "worm cough" or a "stomach cough." I have always been skeptical on the subject of this kind of cough, but I am convinced from a collection of cases that there is such a thing as a cough due to disease of the stomach, sometimes even developing asthmatic symptoms. Both chronic gastritis and gastric catarrh may have a cough. In the former it is a dry, short hack, worse at night, while in the chronic catarrhal variety it is loose. This cough is, I think, of nervous origin, due to irritation in the upper part of the pharynx from secretion or lack of secretion about the tonsils. [An interesting case was here exhibited—one of Dr. Duncan's former patients.]

The treatment of gastric catarrh is dietetic and remedial. The food must be changed in quality and lessened in quantity. These subjects belong to the alkaline class and require a food less alkaline. The mother's milk, if it is nursing, must be changed by food containing more fibrin. If it is feeding, the food should be lessened in quantity and particularly in the afternoon and at night. The craving for liquids should be satisfied with water.

The remedies are alkaline. Here Calc. and Kali are most prominent. Calc. will control the bulimia, aid absorption and thereby make them contented with a smaller amount of food. Kali bich. has the smooth tongue with raised papillæ, the catarrhal cough, the dry mouth in the morning. It will help absorption. For the gastrodynia I know of no remedy so valuable as Nux vom. Bell. and Cham. are sometimes indicated. Hot water sweetened is a valuable adjuvant. When relief is afforded by belching wind China has helped wonderfully. The treatment is so largely dietetic that I have been induced to present the report in this way. Hoping I have given you a few practical points this report is respectfully submitted.

Therapeutical Department.

CLINICAL OBSERVATIONS.

• REPORTS FROM THE FIELD OF PRACTICE.

ONTARIO, Wis., March. 2.—Prevailing diseases are Pneumonia with catarrhal and croupous complications. Remedies used: Acon., Ars., Spongia Bromine and Carbo veg. meet nearly all cases. E. C. MANNING.

LIVERPOOL, N. Y., Feb. 28.—Prevailing diseases are: Measles, pneumonia and sore throat. Remedies used: (1). Acon., Bry., Puls. (2). Bry., Phos., Rhus. (3). Acon., Bell., Mercurius, Lycopodium and Lachesis. J. R. YOUNG.

KOUTTS Ind., Feb. 28.—Prevailing diseases are: Pneumonia and remittent fever. Remedies used: For first, Aconite, Bry. second, Ars. These have cured nearly all; have had to use other remedies in a few cases.

A. M. SPRAGUE.

BRIDGEWATER CORNERS, Vt., Feb. 24.—Prevailing diseases are: Influenza, pneumonia, rheumatism. Remedies used: Acon. 3, Trifol. prat. 3, Bry. 3, or Acon. 3, Ant. tart. 3, Brom. 6, Bry. 3, or Puls. 3. ARTHUR F. MOORE.

MONTICELLO Ark. Feb. 23.—Prevailing diseases are: Typhoid fever, whooping cough. Remedies used: Aconite, Verat, Bell., and a few small doses of Quinine when the periodicity is well marked. Nit. acid, Carb., Ammonia, Lobelia.

MEDICUS.

HAGERSTOWN, Md., Feb. 28.—Prevailing diseases are: (1). Coughs, (2). Headache, (3). Angina, (4). Croup. (5). Rheumatism, (6). Toothache. Remedies used: (1). Bry., Bell., Merc. v., Nux v., Sulph. (2). Nux v., Bry., Bell., Ipec. (3). Bell., Merc. v., Hep. (4). Acon., Hep., Spong. (5). Rhus t., Bry., Bell., Sulph. (6). Bell., Merc. v.

R. T. H.

SWANTON, Vt., March 1.—We have just passed through an epidemic of measles. There has been in all over 200 cases in the village. The majority of cases terminated favorably, as they usually will, particularly under Homœopathic treatment. There were a few cases that acted strangely. For instance a little boy, four years old, commenced coughing, presenting the usual premonitory symptoms. This condition continued for a week without any eruption. The following week the little fellow was very hoarse and croupy. The third week the eruption began to appear, but never came out fully. Quite a common sequel was severe sore mouth and lips. In one case, a little girl six years of age, the only nourishment taken for ten days was milk, and that through a straw. The treatment in ordinary cases was Acon., Bry. and Puls. For the sore mouth and lips: Bapt., Merc. prot., with Phytolacca cerate.

C. J. FARLEY.

MASON CITY, Iowa, March 8.—Prevailing diseases are: Malignant diphtheria. Remedies used: Sulpho-carbolate of Soda, Aconite, Bell. Have used the Sulpho ever since the late deceased Dr. Beebe introduced it. Have not lost a case of diphtheria; had eighteen this winter. Lung diseases, such as acute bronchitis, Aconite, Belladonna, Ipecac. Pneumonia, Aconite, Bryonia, Puls. Typhoid pneumonia, Aconite, Bry., Merc. viv. I give remedies as symptoms indicate. Spasmodic croup, Aconite, Spongia. Membranous croup, Aconite, Spongia, Sulpho-carbolate of Soda. I found in nearly all the cases of diphtheria, first a diarrhœa followed by a canker sore mouth, then a high fever, chills, sore throat finally a swelling and a diphtheritic membrane. The coating on the tongue is white or yellow. But the member (the tongue itself) is black. Arsenicum album will control the diarrhœa at first; Aconite for the fever, while Bell. will allay the inflammation of the throat, and Sulpho-carbolate of Soda will destroy the membrane formed. I take the pure crystals of Sulpho, pulverize it and add to it as much sugar as I have of the Sulpho, and give it according to the severity of the case. I was called to Rockford, Iowa, to see

a young lady given up by the M. D. Case of diphtheria malignant. I thought she could not live but a few moments. I gave Sulpho-carb. of Soda, Verat. alb., alternate fifteen minutes. In about two hours she took to coughing and strangling; she threw off a membrane two inches long, very thick and tense. Remedies indicated: I kept her on Sulpho-carb. the rest of the night to prevent a reforming of the membrane. Her limbs from her hips were paralyzed; her head had to be supported, as it dropped either way she could not move it; she could not speak so I could understand her. Sulpho-carb. of Soda, Phos., Nux vom., Puls. cured her.

H. D. PRAMER.

IS DIPHTHERIA CONTAGIOUS?

BY J. D. W. HEATH, M. D., SHAWANEE, WIS.

There seems to be some confusion arising from the distinction made by some writers between infection and contagion, while standard authorities treat them as synonymous terms. It is true that the etymon of the word contagious, signifies to touch, but both words convey the same idea to the people in general, and as they do not understand the fine distinctions made by medical men, a wrong impression is often made by contending that the disease is not contagious but perhaps infectious; hence we shall consider and use the two words synonymously in the following:

We do not expect to report anything new regarding the disease in general, but desire to present some of our own observations made under such favorable circumstances as render them especially valuable to the writer in deciding the question indicated at the beginning of this article.

In the month of May, 1880, I was called to the house of Rev. E., in the town of B., to see the first case of diphtheria that had been known of in this country since two years; in a few days the whole family of children were down with the

disease. Shortly after this I was called to the town of P., ten miles west of the former cases, to visit the family of Rev. B., a brother minister of the first mentioned. Found my patient in the last stages of that fatal disease, diphtheria; upon inquiry, I learned that the day before this patient was taken down, Rev. E. and family had been visiting at Rev. B's. These were the first cases; no precautions were taken to prevent the spread of the disease, and it did spread with tolerable fatality.

In a settlement, in the town of R., this disease prevailed to a fearful extent; no general precautions were taken to prevent its spread, and as a result it only ceased when there was no more material for it to work upon; but there are some facts connected with the history of the disease in this locality, having special bearing upon this question.

(1). During the first part of the epidemic the neighboring families visited the sick, and attended the funerals, which were held at the homes. The children did not visit the sick nor attend the funerals.

(2). The schools were not in session, and the houses were separated from each other all the way from a quarter to a mile.

(3). A few families living in the infected district isolated themselves entirely from their neighbors. *These families escaped the disease entirely*; but I have yet to hear of a family that escaped where they had children predisposed by age who visited the sick or attended the funerals.

In the month of July, 1880, within a few days this disease made its appearance in this city in three localities, viz:

(1). In a hotel patronized by farmers, and in a house a few rods from it. (2). In a building used as a shoe-shop and dwelling. (3). In a private building.

Isolation and disinfection was stongly recommended and was reasonably carried out, and for a period of three weeks no new cases were reported. Then again within a few days five more families were stricken with the malady; of these all but one lived in buildings used as business places and dwellings. In the one excepted, the mother (with a nursing

babe) was first taken ill. The babe was immediately sent away to a brother's house, the children to the country; the disease was conveyed to both families. In the family where the babe was sent, the servant girl contracted the disease, recovered, returned to her home in a locality where the disease was not and has not prevailed, but her whole family (the children) contracted the disease and all died. I will not stop to follow these cases farther, but will hasten on to present another feature of these observations. At the time of the appearance of the disease, in my capacity as health officer, I caused to be removed much filth and various predisposing causes of ill health. When the second list of cases made their appearance, we proceeded in the following manner:

The infected houses were closed and flagged, and no person except physicians allowed to enter or leave the place, under a penalty of \$50 for violation. The special marshall attended to the wants of the quarantined families. Nurses attending remained until no longer needed, and when they left the place, the entire body was disinfected and cleaned, and the clothing left behind, wearing away clothes which had not been infected. When the disease no longer existed in a given family, each room was disinfected by burning two or three pounds of Sulphur in the closed room; the room remaining closed three hours, it was afterward cleaned. In case of death of a patient it was quickly and quietly buried. (I will mention in this connection that the man who took those who died to the cemetery, contracted the disease). The results of this treatment was satisfactory in every respect. only three families became afflicted with the disease after this system was executed, and all of those can be accounted for on the ground of contagion; in one case it was without doubt conveyed by *families*, the clothing being taken from an infected family for the purpose of ironing them. The last of the three mentioned families contracted the disease the last of October, a long time after a case had been known in the city. This was traced to the servant girl who had lately recovered from diphtheria when she hired out to the

family. In a few days after she entered the family, the disease made its appearance in the children.

From study and personal observation we have arrived at the following conclusions:

(1). That diphtheria is contagious.

(2). That although filth may not be the cause of the disease, it exerts a great influence in continuing an epidemic as well as determining in a degree the malignancy of the affection. (*b*). Imperfect ventilation bears a direct relation to the severity of the symptoms.

(3). In certain epidemics diphtheria is much more highly contagious and malignant than in others, and as a rule, the disease is contagious in proportion to its malignant character but notwithstanding the contagium from a simple case may develop the malignant form in another. We do not contend that in a given epidemic every case can be traced to the source of contagion, but allow that in every epidemic a certain proportion of cases will occur which cannot be accounted for either upon the ground of contagion nor filth, but this is true of all contagious diseases.

We think that under the proper sanitary measures, this disease may be controlled in a great measure as well as small pox or scarlet fever; we have noticed that where the least attention is paid to cleanliness and ventilation, there is found the disease in its most malignant form, yet there are frequent exceptions to this rule, apparently. I speak thus for very frequently where there is every outside indication of a proper sanitary condition, if search is made gross defects will be found.

We have no theory to establish regarding the nature of diphtheria, but to us it is apparent that it can be conveyed from place to place even in the clothing, and although this does not always occur, it is quite evident from the foregoing that it does sometimes, and as we have no means of knowing when it will or will not, it is our duty to handle the subject in a manner becoming its importance, for the physician who declares that diphtheria is not contagious, shoulders a fearful responsibility, and the sooner we recognize the fact that

it is contagious and often highly so, the sooner will the slaughter of the innocents cease to be a sacrifice to our obstinate ignorance.

THE CAMDEN COUNTY (NEW JERSEY) LUNATIC ASYLUM.

About one year ago, the Philadelphia *Medical Times*, and other exponents and advocates of (Allopathic) "professional morality" were joyously exercised in view of the fact that (by immoral intrigue) the Homœopathic superintendent had been superseded by a "regular," and thus relieved from the anomalous and disastrous attitude of non-sympathy with the coterie of Allopathic superintendents throughout the United States.

An explosion of this new regime has occurred, and the immoral intrigue fitly effloresces some heart-rending testimony has been given before a committee of the State senate, of patients knocked down with black-jacks, addressed, in obseque language, and otherwise maltreated by intoxicated or sober keepers, and the like; and various other shameful facts. An instance of "sympathetic" mismanagement protracted again by a medical witness, appears in the systematic change of the visiting physician every second week. But the most characteristic condemnation of the Allopathic process in general comes in the revelation, (secret as ever, but for this investigation) of the death of a patient after an eighteen hour's nap from a hypodermic injection.

One may ask, why did not the visiting officials present some of the evils exposed? Well, they must have seen everything through a "happy" medium, for the matron testifies that they found use during their meetings for "pure rye," apple whiskey and cognac. See Philadelphia "*Record*" February 18, 1881. Dry facts were out of place, in such a presence! Does the Philadelphia *Medical Times* believe that since the removal of the efficient, successful and aimable Homœopathic superinten-

dent, Dr. Quint, the Camden County Asylum has been brought into active "sympathy with the other Insane Asylums throughout the United States?" If so, a general advance by the Homeopaths along the whole line is in order, and will be sustained by the sovereign people.

X Y Z.

PHILADELPHIA.

DO NOT FEED FEVERS MILK.

That not over-brilliant star * continues his silly questions in your columns and seems delighted to parade my name in connection therewith. He is evidently one who "talks to hear himself talk." This would be pardonable if any one received useful instruction from his effusions. But he is, clearly, a mere theorist (some ex-professor I suspect) and his statements, when not rapid, are misleading. Thus, he says that "fever is exaggerated waste" and that elements of repair are called for and that milk is *the*, or one of the, most suitable substances required.

Now every physician knows, or ought to know, that exaggerated waste is a *result*, or consequence, of fever and is in no sense a disease. The *fever* is what calls for treatment and when that is subdued proper nutrition is renewed and the "waste" disappears or is gradually overcome, in the only way possible, by suitable food.

My original statement is strictly true that *during fever* there is nothing worse (as a dietetic) than new or unchurned milk, by reason of the oil or "grease" which it contains and for the reason that, nutrition having mainly ceased, it is not assimilated, it aggravates the fever, and altogether embarrasses the system.

To be more specific: Good authorities say that in 100 parts of new milk 86½ parts are water, all of which, being a neutral substance, can be omitted.

The 13½ parts remaining are described as follows:

Butter, (a concrete oil or "grease") 4½ parts.

Casein, (cheese) 4 parts.

Sugar, 5 parts.

Now is there a person of sense who would say, *a priori*, that the above is a good mixture to introduce into the stomach of a patient *during fever*? Is there a practical physician anywhere whose experience endorses it?

All this of course pertains to the stage of fever, *after which*, assimilation being restored, milk is one very appropriate article of diet because of its ready absorption and easy assimilation.

In connection with this, the whole subject, of diet in fevers is appropriate and I am led to express the opinion that *all*, or nearly all food is objectionable in inflammatory action. Why? Because nutrition has mainly stopped and what food is absorbed embarrasses the system and, by increasing oxidation, "adds fuel to the fire." It does just what is not desired, it increases the fever and "exaggerates the waste" of tissue. Instead of serving a useful purpose it acts abnormally or increases the abnormal action. Where there is diseased or deranged (febrile) action it increases *that* action.

The "antiphlogistic" doctrine, of a passed generation, was true in theory, as to diet, but destructive in practice, as regards drugs and the lancet. The modern doctrine of "stimulation," just the opposite of the above, when blindly followed is equally destructive. Thus in cerebral and abdominal typhus and pneumonia I have often known the Allopathist to give Quinine, brandy, porter and milk, until the poor patient would run-over like an over-filled jug. Six days is the average time for this kind of practice to prove fatal.

Of course the milk was not the worst, of the above agents, but its action was, and must be from its nature, when not required, *as it is not in fever*, decidedly bad.

I hope none of our Homœopathic brethren will be beguiled by this false theory of stimulation in fevers under the plea of "keeping up the patients strength to carry him through or over, the crisis. Never give new milk, drug or alcoholic stimulants *in* fever or inflammatory action. But in typhoid,

and low forms of fever, buttermilk (milk with the oil or "grease" churned out) is an admirable article. When the tongue is dry and cracked, the teeth and gums covered with sores, the liver and bowels constipated I have seen buttermilk do more good than all medicines which I had tried.

E. R. ELLIS.

INTERNATIONAL HOMŒOPATHIC CONVENTION, 1881.

TO THE EDITOR OF THE UNITED STATES MEDICAL INVESTIGATOR.—*Sir*: I shall be much obliged if you will allow me through your pages to bring before our colleagues the following outline of the probable business of the approaching gathering:

On Tuesday, July 12th, after the president's address, the reports from the different countries as to the history of Homœopathy for the last five years and its present condition therein will be before the meeting; and discussion will be held on the best mode of improving our position and furthering our cause.

On Wednesday, the 13th, the Institutes of Homœopathy and Materia Medica form the subject of the day; on Thursday, the 14th, Practical Medicine and Gynecology; on Friday, the 15th, Surgical Therapeutics, Ophthalmology and Otology. From the papers under these headings received or promised, the following topics present themselves for discussion, and have been (provisionally) adopted as a programme.

1. Wednesday, the selection of the remedy, with especial reference to individualization and generalization. 2. Alternation. 3. The relative value of clinical and extra-clinical evidence as to the efficiency of infinitesimal doses.

1. Thursday, Homœopathy in hyper-acute diseases, dysentery, cholera, yellow fever, and in hyper-pyrexia. 2. The possibilities of medicine in cancer. 3. The treatment of affections of the os and cervix uteri.

1. Friday, the treatment of iritis, simple and syphilitic.
2. The place of Homœopathic medication in ear disease.

It will be observed that the subject for discussion under the head of surgical therapeutics remains a blank. Upon this branch of our science *we want papers*. It is not so with the others. We should not refuse fresh essays, if they were worth acceptance; but we have no need to invite them. Our object in publishing the above information is to invite debaters on the various topics. It will be remembered that the essays are not to be read at the meetings, but printed beforehand and furnished to anyone who applies for them with the intention of taking part in the discussion on their subjects. I shall be glad to receive the names of all such, as soon as may be convenient, and will see that they receive in good time the papers belonging to the matter they select.

• I am, Sir, yours very faithfully (for the officers of the convention),

RICHARD HUGHES.

36 Lillwood Road, BRIGHTON, Eng.

TRUE HOMŒOPATHIC TREATMENT OF BURNS.

From time to time I have seen published in various Homœopathic journals, many cures for burns, such as Lime, Soap, Coal oil, Carbonate of Soda, Beef gall and various others, all of which are lauded for having made wonderful cures, but all such lauders fail to say anything about the Homœopathic relation of their drugs to the disease. They don't appear to think that a burn has any business with a similimum, but by accident they get lime and soda in their treatment, each of which has a partial similarity, and as the similia is not complete, the cure cannot be the most perfect; and with a moment's thought any physician will see the perfect picture of all the effects of burns in the pathogenesis of Cantharides, more particularly in the urinary and digestive organs, hence it is the true Homœopathic remedy for a burn. I have for

over twenty-five years used it, at about the proportion of one drachm of the tincture to four ounces of water; I bathe the parts thoroughly for about thirty minutes, or till burning ceases; the abraded tissues heal by first intention. Try it, and report in *THE INVESTIGATOR*. I teach my patrons to use it and keep it in their houses. It is a good way to prove the truth of Homœopathy. W. L. MORGAN.

Surgical Department.

MORTALITY IN HERNIOTOMY.

BY J. G. GILCHRIST, M. D., DETROIT.

Entertaining views at variance with the doctrines of the fungoid origin of disease, it has been with the liveliest interest that the writer has watched the advent, progress, and approaching decline of what is called "antiseptic surgery," as introduced and advocated by LISTER. It is but one more popular medical extravagance that has come to grief, but, it is hoped, differs in a material degree from too many of its predecessors, *viz*, it has not added to the death rate. Even this single redeeming feature is a matter of doubt, in some quarters, and a discussion is now going on in Europe, which will settle the question for us ere long.

A remark made to a bystander during a recent operation for strangulated hernia, that up to the present I had never lost by death a patient upon whom I had operated for hernia, causing some surprise, I have had the curiosity to look over my case-books for the last eighteen years, and see if the assertion was strictly true. The results somewhat surprised me, and in connection with the prevailing debate on "Lis-terism" induced me to offer some remarks on the subject, more particularly as the most enthusiastic disciple of Carbolic

acid, cannot claim anything approaching the same excellence.

In the period of time referred to I have operated for the following conditions in the abdominal regions connected with hernia:

Strangulated Hernia, 52 times.

Radical cure, “ 11 “

Incarcerated “ 9 “

Now each of these operations were of a somewhat formidable character, the abdominal cavity being more or less opened, and six months ago few surgeons would have undertaken either of them, without making the operating room smell like an oil-refinery. Not one died, and they were all treated without the slightest attempt at anti-sepsis. This statement will oblige me to show two things: Why so many cases of herniotomy fell to my share, and to what I attribute the uniformly happy result.

It has been observed by many surgical practitioners, that the death rate after operations for hernia, increase with the length of time the strangulation exists, and the persistence of attempts at reduction by taxis. A case that has been subjected to taxis, injections, inversion, compression, cold applications, aspiration, and even medication, is only presented to the operator when almost every hope of relief is gone, and the patient in the very worst condition for the ordeal of a major operation. Acting upon this knowledge, it has always been my maxim and practice, to operate early, and without any violent or prolonged attempt at reduction. An additional reason has been, that there are some hopes of a radical cure, particularly in recent cases, by the operation, which does not obtain when reduction is effected by other means. For these reasons many more cases have been operated upon by me than might otherwise be the case. As to what I attribute my success, the answer, in brief, might be to the employment of Homœopathic remedies. Something more definite is required, however. We have three indications to fulfill: viz, avoid or lessen pain, promote repair, and meet septic conditions as they arise.

To mitigate, often to absolutely *prevent* pain, there is nothing, in my experience that can equal *Hypericum*. It seems to make little difference whether the remedy is used in tincture, 30th or 200th attenuation, the universal testimony is that the patients have not suffered pain. Within a comparatively brief period of time, I have performed two amputations of the arm, two of the leg, one of the thigh, twice operated for strangulated hernia, three times for the radical cure of hernia, besides other major and a host of minor operations, and in none of them has there been a particle of pain after the operation. The physicians who have employed my services all express surprise at this result, and thus being led to infer the effects of the remedy are little known. I feel warranted in calling attention to it in this emphatic manner. *Morphia* only gives relief from pain by stupefying the patient; *Hypericum* answers a better purpose, and leaves full possession of the faculties.

Repair is promoted by *Calendula*, and other well-known vulneraries, assisted materially by the absolutely painless condition of the wound.

Arsenicum, *Lachesis*, *Calc. phos.*, and *Hep. s.*, are patent remedies against septic conditions. (See Surg. Therap.)

These indications will be all fulfilled, it is apparent, by reasons furnished alone by Homœopathy. With them, results are obtained far beyond the wildest hopes of the complacent "regular," and without in any way compromising the comfort of the patient and his attendants, beyond what is necessarily connected with a surgical operation. With such facilities at our command, we can well afford to view with entire indifference the debate on surgical anti-sepsis.

This imperfect *resume* is not offered as evidence of the possession of any unusual or peculiar skill or knowledge on the part of the writer, because it is probably the experience of most of our school who are familiar with surgical practice. If any have a different experience, it may be asked, if the operation was not too long delayed, or some of the remedies mentioned have been neglected. The desire is too

call attention more generally to the action of Hypericum, and the potency of our remedial agents in general.

Materia Medica Department.

MORE FACTS ABOUT THE NEW REMEDY — MONOTROPA UNIFLORA.

CASE I. Two years ago was called to a child aged eighteen months in convulsions. Found the child sleeping. On inquiring found he had been treated by an Allopath for ten days and getting worse all the time. From inquiry came to the conclusion that the convulsions were epileptiform; bowels constipated. Aconite 1, Nux 2. Called next day. Bowels moved freely in morning; convulsions some four in twenty-four hours. Now gave Mon. tinct., one drop in water, teaspoonful every two hours. No more convulsions, not even a symptom.

CASE II. Child eleven months, German, nervous, bilious temperament. Bowels constipated, urine scanty, high colored. Bowels would not move without cathartics. The child eyed me very closely. I sat about six feet away, spoke to it and held out my hand. It went into a convulsion with a considerable jerking of hands and feet. Putting the feet in hot water soon restored it to consciousness. Gave Nux 3 at night, *Æsculus hypocastanum* 2 in morning for constipation. *Monotropa* tinct. in cup of water, teaspoonful every twenty minutes for four doses; if no more convulsions, thirty minutes and two doses, and to lengthen the time if the convulsions did not appear, but if they came on again to let me know by 5 P. M.

Feb, 28, 10 A. M. A neighbor living across the street told me the child was as well as ever.

MONOTROPA IN CONJUNCTIVIS.

CASE I. Mrs. M., a married lady aged forty, had what is generally termed chronic sore eyes. (Mr. M. was a wool carder by profession, his eyes had been sore for years). She could not bear the least ray of light. She had been treated by an Indian and a number of M. D.s of the Old School and used all the eye salves and washes she could get, but kept going from bad to worse. The eye lashes were gone, unhealthy granulations on lids, the lachrymations acrid. *Monotropa* juice one drachm in two of soft water. To drop three drops in the eyes six times per day. This proved too strong added two drachms more of water. Could bear it eight times per day. Began to improve, could bear a little light in ten days. Caught cold, eyes worse; gave *Aconite* 1 three times a day; applied hot fomentations to allay the inflammation. In three weeks she could go to the door; could look at the sun without causing pain. Could walk around the yard in four weeks. She could not let well enough alone, she was a Spiritualist; went to see a Spiritual doctor; that ended my treatment, and to-day she has to be led, can see a trifle with one eye.

CASE II. A lame lady aged fifty, left eye shooting, burning pains, sensitive to light, lachrymation kept it covered all the time; eye-lashes gone, highly inflamed. *Monotropa* one-half drachm in four drachms of soft water. In five days improving. As an experiment I gave *Hydrastis* tinct. one drachm in a pint of soft water, applied hot to eye; in three days no improvement. Went back to *Monotropa* again; in two weeks could look at the sun for first time in two years. Right eye very weak but gained its strength. Cured.

CASE III. Mr. Wm. B. aged twenty-one, sent to me for some medicine by a boy for his eyes, and sent two nickels (liberal). I gave five drops tinct. *Hydrastis* in two drachms of water; ordered the eyes wet every two hours. He could not bear the light, had to sit in the dark. I told the boy if his eyes were not better in three days to let me know. In

three days after he sent for me. No improvement. *Monotropa*, five drops tinct. in two drachms of snow water, one drop in each eye six times a day. In five days was down town. In twelve days well and out a shovelling snow.

I could give many more cases. The first case had been of four years standing; the second, two years (chronic), and the third a recent case (acute). I send you some tincture of *Monotropa*, also some tincture of *Urnea barbata*. I use it for headache (try it), also some tincture of *Arralia trifolia* for pain in occiput; one drachm of it nearly bursted my head. I took it on going to bed. At midnight I thought my head would burst open. It constipated my bowels but caused a free flow of urine, clear as water next day. L.

Gynecological Department.

REFLEX GASTRIC DERANGEMENTS DURING PREGNANCY.

BY J. H. WOODBURY, M. D., BOSTON, MASS.

The reproductive organs may justly be considered the central point in the female organism. They possess the most direct and intimate connection with both the ganglionic and cerebro-spinal systems of nerves; and no important change can take place in the uterus, either of position or of function, without producing an effect upon the organs with which it is in such close nervous relationship. One has but to carefully observe the phenomena presented by the various stages of an attack of hysteria—a disease whose seat is undeniably in the ovaries—to gain a vivid idea of the scope and variety of these reflex perturbations. These spasms, commencing in the hypogastrium, roll upward through the organism like the waves of the ocean, affecting first the diaphragm, then

the stomach, then the heart, lungs, and bronchi, and, lastly, the larynx and pharynx, culminating in that grand climax of the hysteric passion, the *globus hystericus*. Or the cerebral system may be simultaneously affected, and spasms or convulsions of every degree, from the slightest nervous tremor to the most violent and protracted muscular convulsions, may be the result.

Following these we often meet with every variety of functional disturbance. In the pharynx, dysphagia; in the larynx, croup, which apparently lacks none of the essential elements of the true disease, except the production of the characteristic membrane; in the bronchi, cough and asthmatic respiration; in the stomach, nausea and vomiting; in the diaphragm, hiccough; in the bladder, dysuria; while the number and variety of nervous derangements is past enumeration.

Somewhat similar are the disorders produced by pregnancy; for, although gestation is a strictly physiological process or function, still so great a change as it produces, not only in the uterus itself, but also in the whole organism, rarely takes place without exciting functional disturbance, if not more decided morbid processes, in very distant and dissimilar organs, by virtue of their intimate nervous connection. Nor, indeed, are the physical symptoms the only ones produced, for we not unfrequently see the whole mental and moral constitution for the time being completely changed, and those who are naturally amiable and gentle become irritable, peevish, and fretful; while those naturally ill-tempered become kind, patient, and agreeable. Of all these derangements, the gastric are the ones capable of producing the most suffering, and for the relief of which the aid of the physician is most frequently sought; and of these, nausea and vomiting are the most frequent, persistent, and uncomfortable. The absence of "morning sickness," as it is termed, during the first three months of pregnancy, is the exception rather than the rule. In many cases the discomfort is but trivial and soon passes away; but in others the vomiting is so severe as to require the most prompt and

careful treatment to prevent the occurrence of, and sometimes to avert, serious danger to the patients' life.

The diversity of views held by different writers concerning this affection constitutes an interesting chapter in obstetrical literature. Some have taught that its existence, even in a moderate degree, was fraught with great peril to the patient, and that the danger of abortion was imminent while it lasted. Others have considered it a positive advantage to the woman, and even advised the production of an artificial substitute when it did not exist, by the administration of small doses of Tartar emetic, even up to the point of producing emesis, believing that thereby dilatation of the uterus would be rendered more easy and certain. Many modern obstetricians also have insisted that labor was easier in cases where morning sickness had existed during the early months of pregnancy than when it was absent, claiming that its effect on the os and cervix uteri in producing relaxation was similar to that of the same symptoms occurring during labor. These speculations, however, are foreign to the purpose of this paper, and I pass to the consideration of the treatment of morning sickness, when it is so severe as to require it, observing, by the way, that I do not think that there are sufficient advantages to be derived from the existence of this peculiarly uncomfortable affection to justify its toleration in severe cases.

The successful treatment of the gastric derangements of pregnancy depends as much upon the proper observance of hygienic and dietetic rules as upon the administration of medicine; indeed, medical treatment is often rendered unnecessary by a strict attention on the part of the patient to the quality of her food, and the manner and time of taking it. I have found, in many cases of severe morning sickness, where there was an utter loathing of food, and the almost instantaneous rejection of it when taken, that if the patient was kept perfectly quiet for a few days, moving no more than was absolutely necessary, the irritability of the stomach was greatly diminished, and consequently the frequency and severity of the nausea and vomiting. Many patients are

greatly relieved by taking a little hot coffee, without sugar, before rising. The local application of cold, steadily persevered in for several days, is also of great service. One patient, who had been given up by her Allopathic physician as hopeless unless relieved by abortion, was entirely cured, and enabled to retain her food without difficulty, by the persistent use of a rubber bag filled with ice, applied over the stomach for half an hour before taking food, and continuing it for an hour afterward. By this means she was enabled to take milk, beef tea, oyster broth, etc., and retain them until digested.

Among internal remedies, *Nux vom.* has been in my hands more generally useful than any other. I usually give it in the lower attenuations, and with decided relief in a large majority of cases. In patients of a highly nervous, sensitive organization, *Kreasote* is a remedy of great value. *Tabacum* promptly relieved one of the worst cases I ever saw. The nausea was intense, and there was great prostration and præcordial distress. Lactic acid has proved of great service in some very obstinate and distressing cases, where there was almost constant nausea, as contrasted with the "morning sickness," which passes away as the day advances. I have seen very prompt and satisfactory results from the use of drop doses of the concentrated acid in a tablespoonful of water, every two hours. One patient miscarried twice as the result of severe vomiting, but under the use of Lactic acid, as above, has gone safely through three pregnancies, and given birth each time to a living child, the nausea and vomiting being speedily mitigated by the use of the acid. In the nausea of the last stage of pregnancy I have seen more relief from the use of *Pepsin* than from any other means. Here the vomiting seems to be the result of long-continued irritation of the stomach, resulting in a decided dyspepsia, and digestion becomes impossible, simply from the lack of the elements necessary to its performance. I gave it in three-grain doses, shortly after each meal, and I greatly prefer the American article, as prepared by Procter or Scheffer, to any others. This treatment may be objected to as not

homœopathic, neither is it allopathic. It is simply supplying an element necessary to the proper digestion of food. Thus used it becomes a remedy of great value to many women at a most critical period of pregnancy, for, if the vomiting be not promptly arrested, the patient may sink from exhaustion, or premature labor be induced by the frequent and violent retching. Many other remedies are often indicated, and their use imperatively demanded in the treatment of this disorder, but I have contented myself with naming here only those which I have found most frequently indicated and successful. The other gastric symptoms—the salivation, the perversions of taste, the pyrosis, and constipation, etc.—although occasionally of great discomfort, are comparatively rare, and lack of time compels me to omit their consideration in this paper.

Veterinary Department.

CLINICAL CASES.

BY JOHN C. ROBERT, M. D., NEW YORK.

Hydrophobia prevented in a Horse.—About 4 P. M., as I was returning home, a farmer stopped me and requested me to look at a horse that had been bitten by a mad dog, half-an-hour previously. I examined the horse, and found two drops of blood standing on his upper lip, about one and a half inches apart, and a little below the nostrils. The farmer, being a good Homœopathist, asked me to give some medicine to prevent an attack of hydrophobia. I accordingly gave *Bell.* 30, a dose every day for about two weeks, which was not followed by an attack of the disease.

After biting the horse, the dog crossed the road and bit two cows, the property of two farmers who were opposed

to Homœopathy. Both cows were attacked with hydrophobia, and it became necessary to shoot them!

Broken-wind in the Horse.—November 1st. A coach-horse, coughs on motion and also when standing in the stable, and the breathing is accompanied with a peculiar spasmodic heaving of the flanks. The disease has existed some time. *Bryonia* 200, three doses, one every day. The medicine was allowed to act some days, and again repeated, but the horse became decidedly worse.

February 10th. I became convinced that the potency was too low, and made a change. *Bry.* 500, three doses, one every day, allowing it to act several days.

February 28th. The horse is much better and does not cough so much. *Bry.* 500, three doses, as above.

March 27th. The horse is much better. *Bry.* 500, three more doses, one every day, which completely cured. The cough never returned.

Ophthalmia in the Horse.—A thorough-bred mare has lachrymation of right eye. The lids are swollen and closed. On raising the lids, I find the conjunctiva red, and a milky cloudiness of the cornea. *Euphrasia* 4m, four doses, one every day, which completely cured the ophthalmia, leaving the eye clear and bright.

Thrush in the foot of the Horse.—A discharge of offensive matter is found issuing from the cleft of the frog of the off-hind foot of a thorough-bred mare. The disease has existed some time, and the groom, with the aid of the village farrier had tried to conceal it. I gave *Phos. ac.* 5m, four doses, giving a dose every day.

December 20th. The discharge is much less. *Phos. ac.* 5m, as above.

January 8th. Improving. *Phos. ac.* 5m four doses, as above.

The thrush continued to improve under the treatment, and on April 15th the discharge had entirely disappeared, and the foot is now in a perfectly healthy condition.

Swelling of Hind Legs and Udder of a Mare.—A thorough-bred mare has swelling of hind legs, and also very great

swelling of udder, for which I gave *Thuya* 15m, three doses, one every day, which entirely cured the disease. Not the slightest swelling could be perceived after four days, of the legs or udder.—*Organon*.

RUPTURE IN A MARE AT FULL TERM.

My attention was called to a mare the 15th day of May, 1880. The owner called at my office, said his mare had the dropsy—at least an Old V. R. S. told him so. She was delivered that day of a dead colt. She had been tapped in three or four places on the abdomen by a V. R. S. Had been in labor two days when I saw her. She was standing up, her belly was within one foot of the floor; she had no bag it was forward two feet, all that could be seen of it was the teats. She was completely ruptured the entire length of the abdomen; the back sagged four inches. The V. R. S. said he could cure her. I told him if I had been there I thought I could have saved the colt but the mare must die in a few days. The owner wanted to know how I would have saved the colt, he said it only gasped three or four times. I should have given Chloroform and made an incision in the side and taken the colt and then tapped the jugular. I have practiced on the horse for thirty-five years and never saw a parallel case. The mare died in four days. L.

FUNGOID—BLEEDING-WART ON THE ABDOMEN OF A HORSE.

BY G. M. PEASE, M. D., SAN FRANCISCO, CAL.

Nearly two years ago my mare had upon her abdomen, near the flank, a fungous growth rapidly increasing in size until it was about two inches long, and three-fourths of an

inch thick, pediculated; the end of this was raw, and bled easily, particularly after driving. It was called by "horsemen" a "bleeding-wart," and I was advised to have it cut off or ligated.

I thought I would first try Homœopathic remedies. I gave one dose of *Thuya* 200, upon the tongue. Within twenty-four hours the disposition to bleed stopped, and in a very short time, about two weeks—though the exact time I do not remember—the tumour had entirely disappeared, and it has not returned.

One dose only was given!

Consultation Department.

ANSWER TO CASE.

Please say in your journal, I used in the case reported in July 15, 1830 INVESTIGATOR, page 108, Sulph. 30x twice a day for a month and then Phos. acid 3x and 30x in alternation four times a day for a month, and the case seems cured. W. W. F.

WHAT WILL CURE PRAIRIE ITCH.

Over the signature of M. in February 1st, number. I once cured a patient, Dr. Mitchell, of Zanesville, Ohio, who had it for six years and, despaired of ever getting cured, with Carbolic acid, 3rd. internally, and Carbolic acid baths, using some ten drops of Donovan's solution to the bath. GEO. B. SARCHET.

CASE FOR COUNSEL—TENITUS AURUM.

Worse night and morning in bed. Synchronous of a minutes duration, cessation of a half a minute, sound like the roaring of a stove-fire, sometimes like the rumbling of a wagon. No other recognized symptoms. Has had neuralgia of the sacrum caused by getting wet; cured with Rhus. tox. 3x. Seven doses during a week's time.

A.

CASE FOR COUNSEL.

Man, aged thirty-seven, nervo-sanguine temperament, had salt-rheum three years ago on inner side of left thigh, just above the

knee ; worse during winter, disappeared during summer. Use tinct. Iodine externally which seemed to help it, but it left that location and is now high up, but still inner side of left thigh ; continues during warm and cold weather alike. Worse at night when undressing, intolerable itching, but makes worse to scratch, for then it smarts and burns. Surface is red, scaly and cracked. Last fall had an attack of "boils," some on this spot of eczema, others on abdomen and buttocks. Supposed to be caused from over-heating the system. When the clothing scratches or rubs the eruption during the day, it sets up such an irritation, itching, that it is impossible to keep hands off. Is there any cure, and what will do it ?

YOUNG.

CASE FOR COUNSEL.

Will any of my professional brothers help me in the following case : The patient suffers from a total paralysis of the mental system. Memory gone, he studies but forgets in a very short time all he has attempted to commit. Is exceedingly susceptible to any changes of temperature, is liable to cold chills up and down the back. Sleep is more like a lethargy than natural rest, and he is liable to remain in this condition a great part of the twenty-four hours. His taste is vitiated ; he partakes of food with no relish or care for it ; would rather do without than to eat. He has grown negligent in the matter of dress and personal appearance, which is quite contrary to his natural and previous habits. He has taken Nux, Phos., Euca, Gels., as well as numerous other remedies, but none seem to have had the least effect. It is several years since this condition first became apparent, is it too late for any remedies to alter it, and would there be more hope of a recovery in an institution of some kind ?

L. B. TOMPKINS.

LYMPHADINITIS — WHAT WILL CURE ?

George H., aged twenty-five years ; seven years ago on the 4th of July was playing with fire crackers. A boy lit a match and stuck it in his hair in right occiput upper cervical vertebræ, and burned him. He said that it was some sore for two months, then healed, left a scab, but he suffered no inconvenience from it. He would comb the scab off and another would come on. About one year ago it began to ulcerate ; would discharge a little and then scab again. No pain. There began to be a little elevation which has increased ; is as large as a hazelnut now, with a centre indentation the size of a pin's head.

Below it is three tumors about the size of peas, and one above the size of a white bean. There is no scarf skin on them. The skin on them is of a pink color with granules or elevations of the size of mustard seeds. No hair on. The skin around them is natural. They are not attached to the muscle, can move them easily. The lower one is a little sore on pressure. Has put on liniment and it makes^s them sore and tender. They cover a space of about two inches. Give me a remedy. Commenced treatment to-day. Gave Rhus tox first internal and external three times per day. L.

GASTRIC CATARRH—WHAT WILL CURE?

Mrs. H., aged forty years nervous bilious temperament, mother of three children, youngest nine years old. Has been troubled with pain in right side, in the region of liver. Menstruation very painful and thick. Was treated by six doctors of the Old School. She came into my hands Feb. 28, 1878. I found her in convulsions; pain in stomach neuralgia pain through the entire chest, prolapsus, and induration of the uterus; leucorrhœal discharges thick, constipation and diarrhœa alternately, acid stomach. Appetite poor, everything she ate or drank distressed her. Coughed at times hard; cough troubled her very much. Her Old School physicians pronounced it consumption. All said she must die soon. I pronounced her case ulceration of the stomach, indurated liver and uterus, (lungs normal.) I applied remedies that I thought appropriate. She mended some—rather dragged along until the 15th of May. On the 17th an ulcer broke. As it discharged from the mouth she went into a convulsion, and was a half an hour unconscious. It discharged nearly or quite half pint. It was so acrid that it took the skin off as it ran down her cheek. The smell very offensive, had to keep carbolic acid on the stand to breathe. I thought my patient must go, but rallied. Two small ulcers discharged, one in June and one in July. None since. Improvement slow till December, when neuralgia of uterus set in more severe. Menses irregular and very painful. I gave chloroform to ease the pain. I succeeded in mending up these troubles; but oh, that stomach! acid, burning, almost constant spitting—would wet a pail full of clothes in twenty-four hours. She dragged along till March, would cough by spells terribly. Could not retain anything, not the least; as soon as it would enter the stomach it would return. Could retain medicine by giving Chloroform enough to make her unconscious. Fed beef tea per rectum six table-spoonfuls per day. Gave medicine one to three times

a day with the aid of Chloroform. Her bowels moved in fifty days, then fifty-one days, forty-seven days, thirty-six days, twenty-four days, twelve days, fifteen times in two days, forty-five days. No record since but from four to twenty-five days. The first thing that would stay on stomach was hickory nuts, then peanuts, then a cracker a day dry—no drink, or it would return. Spitting nearly stopped, menses regular and normal. Lungs as sound as a silver dollar. Voice clear, stomach retains medicine and dried beef, one or two crackers per day to January 1880. From that time to the present has been troubled with flatulence in stomach and bowels, will bloat in half an hour as full as the skin can hold, with terrible pain in region of diaphragm. After getting the wind to raise, she is easy again for one or two days. Anise would bring the wind off the stomach. She was up and down dragging along until September 1880. She had a hard tumor; I should judge nearly as large as a quart bowl. Could pass the sound a round it, could grasp it with the hands on outside. She was a mere skeleton. I saw at once that it must be removed. I had made two sounds of steel. I placed one on either side of tumor and squeezed them together and broke it up in that way. It was twelve days in passing off, with terrible labor pains. Pieces of it would pass as large as a hen's egg. I preserved one specimen two inches long, an inch in width, three-fourths of an inch thick. She has improved steadily since. Menses normal, stomach retains cracker, dried beef, etc., up to the present. Is gaining flesh. Has rode out eight miles to visit her mother. Takes cold very easily; walks around the house, sews some, and would be quite comfortable if her stomach would not get acid and bloat up every seven to twelve days. When she begins to bloat she has very severe pain in stomach, and then it will extend through the entire chest.

I have exhausted my skill (that is not much) to stop the acidity of the stomach that causes the flatulence. I have labored hard to save her, having given her remedies both high and low, but each remedy soon looses its power. Remedies used for two months past, Aconite, Nux, Lycopodium, Phos. acid, Salicylic acid, Bry., Kali carb., and an alkaloid of burned corn cobs—that is the best I have for the acidity. I do not send this case in to show my medical skill for that I do not claim but to show the power of Homœopath bunglingly applied by one of the laity. Now will some Good Samaritan prescribe for me? It will be received with many thanks. X. L.

Book Department.

VICK'S FLORAL GUIDE for 1881, is a beauty. Among the many beautiful illustrations is a picture of the florist himself, Jas. Vick—the rarest plant of all. Our readers ought to be acquainted with the leading men, as well as the most useful and ornamental plants. Send to Rochester, N. Y. for this guide.

ECCE MEDICUS: OR, HAHNEMANN AS A MAN AND AS A PHYSICIAN. BY J. C. BURNETT, M. D., London: Homœopathic Publishing Co., Chicago. Duncan Bros.; 16mo.; \$1.00.

This is the first Hahnemannian lecture delivered at the London School of Homeopathy. The title of this little book is worthy of the man. The handling of the subject is original, and deeply interesting—an honor to the author and the school.

GENERAL SYMPTOM REGISTER OF PURE MATERIA MEDICA. New York: Boericke & Tafel. Chicago: Duncan Bros.

This closes Allen's Cyclopedia of Pure Materia Medica, which is an honor to Homeopathic, to say nothing about its great value. The index is very conveniently arranged, and differs entirely from the "Chopped-feed" of the ordinary repertories. The only possible objection to it is the crowded condensed arrangement. Why not give a complete symptom register, arranged alphabetically? It would be more valuable than Webster's dictionary. Comparing Allen's index with Jahr's Repertory we have great reason for thanksgiving—and hope. This index should be in every physicians library. Allen began a great work—has done it well, or rather will, for another volume is coming.

A TREATISE ON THE MEDICAL AND SURGICAL DISEASES OF WOMEN, WITH THEIR HOMŒOPATHIC TREATMENT. By M. M. Eaton, M. D. New York: Boericke & Tafel. Chicago: Duncan Bros. pp. 782. \$6.50.

This work as the preface indicates, is designed as a text book, and as such it should be judged. A manual of instruction of course may be elementary or exhaustive, and as such may be used by the practitioner as a reference work. The general appearance of this work would imply that it was elementary and necessarily superficial. This impression is confirmed on further examination. We do not find a

thorough and yet plain handling of a subject that lends a charm, as for example in Druitt's Surgery or Playfair's Obstetric's. The work bears the marks of haste and immature views, when they are original. To one that is familiar with gynecological literature the borrowed portions are large and numerous. The therapeutic portion is the most unsatisfactory. The author excuses this on the plea of not wanting to copy the *materia medica*. But a writer who cannot see and outline cases from a remedy stand-point has not gone very far into the A B C of Homœopathy. The frequent local use of Iodine is thus accounted for. The indiscriminate use of any one agent indicates hasty judgment that weakens confidence. Many of these defects can, however, be corrected in a subsequent edition.

The work is elegantly gotten up. Large type, well spread on thick paper swells the size, but is substantially bound. Those who buy books by the square inch should be satisfied. As a text book for poor students, it looks like an imposition. Notwithstanding the book has its merits and may serve a useful purpose.

ABRIDGED THERAPUTICS, FOUNDED UPON HISTOLOGY AND CELLULAR PATHOLOGY WITH APPENDIX; SPECIAL INDICATIONS FOR THE APPLICATION OF THE INORGANIC TISSUE FORMERS. By W. H. Schussler. Authorized translation by M. D. Walker. Edinburg: H. B. Stiles. New York: G. Houston. Chicago: Duncan Bros. 12mo; \$1.00.

Schussler's tissue remedies have here reached a fifth edition. The title of this work is given in full, but a shorter title is "New treatment of Disease." Those who have been interested in the action of the twelve tissue remedies will consult this enlarged edition with profit. The idea of treating disease on a physiological basis, or restitution has not been very satisfactory. The trouble is to guess what is lacking, and then this lack usually can be supplied by food. Again disease is not always a lack. If some one would show the Homœopathicity of these tissue formers, and their relation to our other remedies the work would be more acceptable to the school. Still those who have used these tissue remedies have been surprised and pleased at their success.

HOW TO USE THE FORCEPS, WITH AN INTRODUCTORY ACCOUNT OF THE FEMALE PELVIS AND OF THE MECHANISM OF DELIVERY. BY HENRY G. LANDIS, A. M., M. D., Professor of Obstetrics and Diseases of Women and Children in Starling Medical College. New York: E. B. Treat. Chicago: Duncan Bros. \$1.50.

The above is the full title of a little volume of 168 pages, duo-

decimo, which the editor of *THE INVESTIGATOR* has handed us with the brief request, "Please review it." Perhaps the editor thought when he penned those three little words that he was making a very small request; if so, he did egregiously err. This is a very substantial little book. It embodies the results of several years of hard, conscientious study, by a man endowed both by nature and by culture to make such study effective. The book is classical in character, and it is scientifically thorough. Moreover, it is original. It takes issue squarely on fundamental points with our oldest and most renowned authorities in obstetrics, also with the youngest (who by the way are somehow in a literary and scientific sense the cheapest). And this departure is not made by pursuing needless fine discriminations, but in such broad and serious matters as the morphology of the pelvis, and the plainest practical deductions therefrom. In fact, the author's idea of the female pelvis is the kernel of his book. Moreover, it is an idea. He does not give us a mere enumeration of the pelvic bones, with a bad description of their shapes and sizes and junctions, but from the finer standpoint of philosophical anatomy, seizes and sets forth the *symmetry* of the pelvis as a whole. The result is, that a structure, which in the hands of previous authorities has been indescribable and without rational shape or adaptation to its function, appears clearly as one of the most complete and regularly harmonious of natural forms, perfectly adapted to almost all of the exigencies to which its parturient function gives rise.

The essence of the idea in question is that the pelvis is a bilateral structure, with bilateral symmetry; *that it is not one canal but two*. These two canals, the right and the left, are elliptical in outline, their long diameters being respectively the right and left oblique diameters of the pelvis. If the reader wishes to understand this theory without cuts to illustrate, let him take the bony pelvis (or imagine it) and draw the right oblique diameter of the brim; this is the long axis of the right canal. Now on this axial line construct an ellipse, the boundary of which shall be the ileo-pectineal line of the right side of the pelvis. This line may be continued to the symphysis pubis in front (or beyond it), and to the centre of the sacral promontory behind. Now complete the ellipse. This will be done by drawing an imaginary curved line from the sacral promontory to the ileo-pectineal line of the left side of the pelvis, as the proportion of the ellipse requires. Now if a similar ellipse be constructed upon the *left* oblique diameter of the inlet, we have the outline of the *left*

canal. These two ellipses will overlap each other, or run into each other towards the anterior ends of their long axes. But they nevertheless form two nearly equal and perfectly symmetrical canals, one on each side of the pelvis, and they offer the first valid explanation of the foetal presentations. For the foetal head is elliptical in outline, its ellipse fitting, so to speak, the ellipse of either side of the pelvis. The same is true of the foetal face, and in like manner of the foetal pelvis—their transverse sections being ellipsoid planes. So that not only the head and the face, but also the breech, and the entire body of the foetus always offer an ellipsoid body to pass through an ellipsoid canal. But the ellipse of the head has its long diameter at right angles with the ellipse of the shoulders; and the two elliptical pelvic canals are at right angles with each other. Therefore, in parturition, whichever canal the head enters (that is, in a typical process), the shoulders enter the other. If the head lies in the right canal, as in the first position, the shoulders lie in the left, and *vice versa*. Hence that rotation of the head called “restitution.” These two canals approach mutually in their descent, overlapping each other more and more, until at the outlet their long axes coincide in the antero-posterior diameter of the outlet, and they are no longer two partially distinct canals, but one canal, which is still an ellipse with the same long and short diameters that obtained in both canals at the brim—that is, the same in length.

This theory is not found in any of our text-books on midwifery, nor anything that looks like it. Indeed it looks very much as if everyone of our authors had failed to see the real philosophic and structural symmetry of the pelvis. Yet Dr. Landis' view is corroborated handsomely by the structure of the intra-pelvic organs—of those organs which especially give character to the female pelvis. For these organs have bilateral symmetry at their beginning, and identity at their outlet. Thus there are two ovaries and two Fallopian tubes, each one entering into its own side of the uterus (which is originally double, and sometimes permanently so), and they open into a common canal—the cervix uteri. On this view of the pelvic form, our author bases his mechanism of labor. And it will be seen by anyone who will take the pains to read the work carefully, that the accepted theory of this mechanism undergoes a radical change, in order to conform to this new fundamental conception. True, the change is in some respects not very great; the head will still present in four principal positions—but in *four only*, if it be

influenced by the form of the pelvic canals at all, as it must be, unless too small or too large to be so affected ; so of the face ; so also of the breech. The presenting part will not be acted upon in the various stages of descent precisely as is supposed by other theories of pelvic form. The relation between the advancing head and the after-coming body, or between the advance breech and the after-coming head, is modified by this theory. The movement of "restitution" is very decidedly modified by this view, in occipito-posterior and mento-posterior positions. For it is shown that in these positions the shoulders have a good reason for *not* entering the canal opposite that previously taken by the head. They may enter the same canal, and then "restitution" will be in the opposite direction, and will not correctly indicate the original direction of the occiput.

But to state this subject fully would be to reproduce the book. Our object is to so far interest the student of obstetrics that he will see fit to buy the book, and study it as it deserves, and profit by it as he must. Suffice it to say that Dr. Landis' conception (which we believe to be scientific, philosophical, and true) of the two pelvic canals, gives color to every detail of function and mechanism connected therewith, and throws new and increased light upon nearly all the operations of midwifery. Dr. Landis' special object is to apply this theory to the elucidation of the proper use of the forceps, a place where such a theory must necessarily be especially cogent. This is of course particularly applicable to the use of the instrument in the "high" operation. For it is obvious that if we apply the forceps at the brim under the conception that there is but *one* pelvic canal, we shall apply them after one method ; whereas, if we suppose that there are *two* canals, we shall see good reason for applying them after another method. In the first case, we apply with reference to the sides of the one pelvic canal only ; in the second, with reference to either one canal or the other, which means with reference to *the sides of the foetal head*. And whether we consider the safety of the foetal head, or the safety of the maternal structures, or the way in which the best results may be obtained from forceps compression, or the way in which we can most exactly co-operate with the natural forces in moulding, reducing in diameter, bringing down, flexing, and rotating the foetal head ; no matter whether we consider any one of these points simply or all combined, we must admit that the *only* place for the forceps is the sides of the foetal head. Whether it is always as easy to get them there as to the sides of the pelvis is another ques-

tion. Perhaps if we had always known that there are two canals, and had acted accordingly, we should not find it any more difficult. Furthermore, cases must be treated on their individual merits. The typical presentations are almost always modified, and the modification sometimes amounts to the prohibition of a practice founded on the typical form. Yet the statement of Dr. Landis is forcible and true, that the *rule* of practice ought to be deduced from normal conditions, not otherwise. That the forceps may be passed to the brim along the sides of the pelvis, may there be made to grasp the head in a diameter oblique to the occipito-frontal, and may then bring it down into the cavity without injury to mother or child, we all know. Yet it is just as certain that if the head be one that fits the pelvis exactly, and still more if it be rather too large, a good deal of force has to be exercised in bringing it down—more than we like to employ if we could avoid it.

In this manœuvre we necessarily interfere with the rotation and flexion of the head, and we are obliged to remove the forceps with the pelvic curve when the head has reached the cavity, in order to allow the now necessary rotation. Then the instrument has again to be applied. True, this may be avoided in those cases in which the head will rotate within the forceps, provided their grasp be wholly relaxed during the first half of each uterine contraction. I have elsewhere reported one case illustrating the possibility of such rotation.

Moreover, the wickedness of applying the forceps with reference to the sides of the pelvis has been made to appear more horrible than is really necessary, both to Dr. Landis and to others, by the fact that the instrument is so frequently used with such barbarous and needless violence. The rule to apply the forceps wherever they will go, is not such a bad one for the unskilled practitioner, providing we supplement it with another, viz., this: To apply them and use them *with all possible gentleness*. For assuredly there is mischief in every method if this rule be neglected. Dr. Landis discusses with as few words as possible the various merits of forceps in general. He will not find the majority of American practitioners to agree with him in his preference for the Davis forceps, although that instrument probably ranks second in this country, the first place being given to the Hodge. Davis himself admitted, and so does Dr. Landis in this little book, that the Davis forceps cannot be applied, in certain conditions, at the brim, which fact was one thing that influenced Dr. Hodge in modifying the instrument. Neither do we think that the slot and

button lock of Davis is superior or equal to the slot and shoulder-screw lock of Hodge, if only for the simple reason that the Hodge lock *locks*, while the Davis lock does not. It is certainly desirable in not a few cases to be able, when the forceps have been rightly locked, to prevent the possibility of their unlocking accidentally and becoming displaced. This we can do with the Hodge lock, but not with the Davis; while in all other respects the locks are almost identical. In a word the Hodge lock has seemed to us to combine the ease of locking of the English lock, the difficulty of locking *when not rightly placed* of the Davis lock; and the security of the Siebold lock. Yet it does not lock quite so easily as the English, nor require such exact parallelism as the Davis. As to the handles, Davis' may be the best of all as Dr. Landis believes; certainly the handle is the weak point of the Hodge forceps; it is the one point most easily improved; but the handles are also the least important part of any forceps.

About *traction* with the forceps, Dr. Landis has said some exceedingly sensible things, not to be found in the current text-books, although most obvious to the least scrutiny. Yet we do not think that even Dr. Landis has put the case strongly enough or quite correctly. His method of operating is peculiar; with the right hand he grasps the handles making whatever compression is necessary; the left hand rests with the ball of the thumb over the button, and the fore and middle fingers extended up within the vagina, along the upper bars of the fenestræ, one finger on each blade. With the left hand and fingers so placed he makes pressure downward and backward in the axis of the inlet (in the high operation), and afterwards in the direction of the axis of the outlet. This is in accordance with sound principles, and accomplishes much more easily the very object aimed at in the cumbersome Tarnier forceps, the certain destiny of which, we predict, is professional damnation.

This method of using the forceps, Dr. Landis claims, is not direct traction or "pulling," but might rather be called "pushing." If it were not hypercritical to say so, we should call it "pressing." However, this subject of "traction" by the obstetrical forceps seems to be involved in wondrous obscurity, as evidenced by the extraordinary efforts annually put forth by inventors of new instruments, each one of whom has some modification whereby his gun will shoot around a corner more accurately than those of his predecessors. Thus one man invents handles that will not slip from the grasp during "traction;" another, handles that are so formed as to make their "line of

traction " parallel with the axis of the inlet ; a third adds an extra pair of handles, which are somehow to make " traction " in a line which a first pair of handles could not touch ; and so on *ad libitum*. The little problem of each inventor and instructor is obviously always the same one, viz., *how to " make traction " in a curved line*. Naturally enough, in this long struggle with the stubborn laws of mechanics, the inventors and instructors aforesaid have not even yet achieved entire success. Now we will here present the problem in a simple mathematical form, and leave the solution of it for the present to each reader's own ingenuity. Take a pair of compasses and draw on a sheet of card-board (or any other board) a segment of a circle equal to an arc of ninety degrees, or one-fourth the entire circle. Take a piece of wire and curve it so that it will exactly coincide throughout with this curved line, that is, so that it will cover it when laid upon it. Let the wire be long enough, so that when it has covered the whole of the curved line, as much more will be left over to be bent into any shape desired. Now attach to any part of the wire that is not on the curve a piece of string, and we have all the material elements of the problem right before us. The curved line is the parturient canal. The wire is the forceps ; the curved portion is the blades, the other part is the handles. The string is for convenience and *certainly* of " traction." And now the conundrum is this : In what direction shall we pull—" make traction"—on that string so as to cause the wire to move along the curved line, never losing its coincidence therewith, until it has left it altogether. And as a secondary sort of rebus we may add this other question, What shape must we give the " handle " of the wire so as to secure the most certain direction when we make the " traction?" We will send THE INVESTIGATOR free of charge for one year to the person giving the correct answer to these questions ; also a beautiful chromo. With this munificent offer we take leave of Dr. Landis' book, which is crammed full of good things respecting the female pelvis, the mechanism of labor, and the use of the forceps. Without endorsing it unqualifiedly, we can still say that it is superior in its scientific exposition of the above fundamental topics, to anything that we have yet seen in obstetrical literature. We advise every reader to buy the work, and study it for at least a year.

R. N. FOSTER.

[Or wait for Foster on " The Forceps," now in preparation.]

Medical News.

New York Ophthalmic Hospital.—Report for the month ending February 28, 1881: Number of prescriptions, 3,536; number of new patients, 539; number of patients resident in the hospital, 22; average daily attendance, 153; largest daily attendance, 217.

CHAS. DEADY, M. D., Resident Surgeon.

The American Pædological Society will meet in New York City, June 13th, the day before the meeting of the Institute. Further particulars will be given later. A grand time is anticipated, and we hope to show the world that Homœopaths are the physicians for children.

T. C. DUNCAN, President.

WM. OWENS, Vice President.

E. CRANCH, Secretary.

Physician's Accounts.—Our recent reference to "dead-beats" caused some delinquents to pay up. That is right, "Pay that thou owest." We know the hard struggle some have had to get bread and butter to say nothing of "medical fodder." But times are better now. Collect up promptly; pay your bills, and save the balance for another panic.

Homœopathic Medical Society of Ohio.—We would call the attention of the profession to the meeting of the Homœopathic Medical Society of Ohio, to be held in Toledo, May 10 and 11. The coming session gives promise of being one of the most profitable ever held by the society. A large number of papers is already promised. We extend a cordial invitation to all to attend. H. E. BEEBE, M. D., Sec.

Removals.—Dr. Z. W. Shepherd, of Waterloo, Ind., will remove to Niles, Ohio, on or before April 1st, and leaves a good field of practice which any good energetic Homœopathic physician can enter and find a good support from the start. For a small consideration will aid my successor by a list of good patrons, recommendations, etc. Address him at Niles, Ohio.

Dr. R. L. Hill, of Dubuque, Iowa, has removed to Sacramento, Cal., on account of his health. Dr. H. is a fine gentleman, an able physician and an active worker in the Western Academy. We regret to lose him in the Mississippi Valley and congratulate our Pacific friends on their acquisition. We wish the doctor success. Dr. Jackson succeeds him in Dubuque.

Dr. J. B. Crane from Belair, Md., to Madisonville, Ohio.

Dr. Frank T. Burck from Frederick, Md., to Springfield, Ohio.

Dr. P. Drederick, from Madisonville, Ohio, to Wyandotte, Kas.

Dead Beats.—February 1, page 163, you speak of preparing a list of

"dead beats." Do you intend to publish such a list, and *when*? You should give notice and ample time. Some of us may know of candidates, but need time to get items and specify. I might perhaps help you a little.

[The list is rapidly diminishing].

The Homœopathic Medical Society of the State of Michigan will hold its twelfth annual session in the city of Ann Arbor on the 17th and 18th of May. Everything bespeaks a large attendance and an enthusiastic and profitable session is confidently looked for. A cordial invitation is extended to the profession to meet with us.

R. B. HOUSE, Sec.

Antiseptics in Gynecology.—Dr. Elliot concludes that the weight of microscopic and clinical testimony goes to show that puerperal fever and the diseases caused by the absorption of putrid poisons are one and the same. The finger of the examiner, the instruments, etc., are the carriers of the disease in the great majority of cases. In cleanliness and antiseptics, we possess both prophylactic and curative means. Looking at ovariotomy as an example, much improvement in the results of gynecological operations may be hoped for by doing them antiseptically. A beginning has already been made in operating about the vagina and cervix uteri under a constant stream of carbolized water, and applying antiseptic dressings. The mortality from dilating the uterus has been greatly reduced by using antiseptic precautions.

The International Homœopathic Convention.—Dr. Edward Hamilton, of London, has resigned the presidency of the convention to assemble in London on July 11, 1881, so the American committee is informed by telegraph, and Dr. Richard Hughes has been appointed in his place. The many American physicians who met Dr. Hughes at the Philadelphia convention in 1876, will be glad to see him occupy this position, and those who know the active interest he has exhibited in it from the first, and the amount of work he has already bestowed upon it, as well as his great professional and executive ability, will recognize the fitness of making him its president. The convention promises to be one of unusual interest and importance, and it will be a favorable time for our American brethren to visit England.

Physician's Investments.—The panic unearthed some very poor investments by physicians. The poorest of all are "running accounts." If physicians would keep a regular day-book (no chicken track, or his x mark affairs), have it posted in a regular ledger, and a monthly balance sheet with monthly statements promptly rendered, they would have plenty of money and enough to spend for suitable instruments. Supply your needs first. You need horses, carriages, sleighs, etc. A poor horse or buggy, is the worst card a physician can play. Have a good library, so as to refer to any case, medicines for every emergency, and a turn-out that you can "fly" to the relief of the suffering. Real estate shackles many a young man. Loans or

mortgages may do, but do not get planted, for soil and surroundings may not be congenial to vigorous growth and development.

The Chicago Homœopathic College.—The fifth annual commencement exercises of the Chicago Homœopathic College were held at Hershey Hall March 1st, before a large audience of interested ladies and gentlemen.

After the opening exercises Professor J. S. Mitchell, president of the college, came with his address. The beginning was a reference to the collegiate year just closed, during which there had been eighty-six students in attendance. To the senior class 402 didactic lectures had been delivered, and 360 clinics, all helping to make a grand total of 1,530 working hours during the session. Attention was called to the determination of the faculty to erect during the coming year the finest Homœopathic college in the world. Ground has already been purchased opposite the county hospital, and the new structure will soon be looming up. It will be five stories high, sixty-four feet wide, and seventy eight long with an imposing exterior. There will be two large lecture rooms, a clinical amphitheater, a microscopical laboratory, forty feet long, and a sub-clinic room. The dissecting room will be very spacious and well lighted, and the chemical laboratory large and thoroughly appointed. The museum and library rooms will be an attractive feature, with separate dissecting rooms for ladies and gentlemen, furnished with locked closets for each student. The dispensary rooms will be admirably adapted for their purpose. One large reception room will receive the patients, and they will be treated in five separate consulting rooms. Private rooms will be provided for the members of the faculty, while the building will be heated by steam and well ventilated.

Of the present senior class, twenty-eight had passed a written examination of great thoroughness, and had been found eminently worthy the degree it was his privilege to grant.

The following graduates then received the degree of M. D.: J. T. Brown, T. O. Butler, W. C. Clark, E. L. Chapin, H. H. Chase, W. N. Davis, Edward Everett, J. E. Eltzholtz, C. G. Fuller, R. A. Graham, G. T. Greenleaf, H. M. Hannah, A. M. Hoppins, S. A. Johnson, Ada Lamson, J. R. Lowe, Andrew L. Lundgren, H. L. Mitchell, C. H. Mordoff, Charles Morgan, M. A. Parry, W. M. Preston, S. N. Schneider, E. K. Siegmund, L. E. Stockdale, J. L. Stone, H. M. Towne, L. B. Worthington.

After which Prof. J. Buffum gave the faculty valedictory. This was long, but well-lined with good advice and counsel to the freshly dubbed doctors. The class valedictory was read by Dr. S. N. Schneider.

The awarding of prizes then followed, Professor Danforth giving the various offerings, by members of the faculty, to the fortunate winners. The benediction was pronounced by the Rev. Mr. Everest, and the graduating class and friends retired to the Tremont House to enjoy an elegant annual banquet.

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Gynecological Department.

*ON MALPRESENTATIONS OF THE FŒTUS
IN UTERO.*

["I am only a beginner in Homœopathy. Will you inform me if there is any truth in the statement that your remedies can change or have changed the presentation of the fœtus in utero? Give me all the light you can on this important subject. Who first proposed it?" J. H. B.]

In reply we believe we cannot more fully answer the foregoing queries of our friend than by giving an article contributed to the American Institute of Homœopathy by the late Mercy B. Jackson, M. D., of Boston, who gave this subject special attention. Some of our readers can doubtless add their experience.—ED.]

In this paper I do not propose giving a description of different malpositions that may be found clearly defined by

authors, nor the usual methods by which they may be rectified, but simply to state some facts within my knowledge which may possibly be of use to obstetricians in rectifying malpositions by simpler means than have heretofore been used.

Some thirteen years ago, my attention was directed to this subject by having a delicate woman in my care, who had had convulsions in two previous parturitions and remained insensible for more than twenty-four hours in each case.

Finding a breech presentation, and considering her previous history and predisposition to convulsions, I had little doubt that they would be developed if the child was born in that position, or if manual interference was resorted to in turning. On this account my mind was greatly exercised to find some method by which the dreaded evil might be averted.

Previous experience has taught me that uterine misplacements of various forms could be removed by internal treatment alone, and I saw no reason why malpositions might not also be corrected by it.

After much thought and consulting many books, in the hope of finding some clue that might lead me to the right medicine, a remark of Croserio's "that Betham had in one instance given Puls. before the membranes were ruptured for some suffering of a woman in whom he had found a shoulder presentation, and in a few minutes after she had experienced a violent pain, with a sensation of overturning in the abdomen, and on second examination was agreeably surprised to find the head presenting."

This led me to think that Puls. might be the remedy, and I determined to make the trial, believing that no harm could arise from its use, and if successful great good would accrue.

Being called to the lady on the 20th, found the pains quite severe, the position unchanged, the os uteri closed, and the point of the nates plainly felt. Puls. was administered, a few pellets of the 30th potency in half a tumblerful of water, one teaspoonful every three hours, with the following results:

The pains soon ceased. In three days after taking Puls. she felt a great commotion in the abdomen, with necessity to go to stool, and in a short time felt better than for two months previous.

On the 24th, at 11 A. M., was again summoned, found her far advanced in travail, with the head presenting, and in thirty minutes a fine boy was born by the vertex.

The success of this case led me to use Puls. in all the cases of malposition that came to me, and since that time, now thirteen years, I have had fourteen cases of malposition of different kinds, in all of which I have used Puls. with success in changing the position, and in all but one to a vertex. In that case the position was changed from a trunk to a foot, the remedy having been suspended before the process was complete.

In one of these cases I had the satisfaction of observing the effect of Puls. Being called to the lady, some five miles away, found her in travail at half past 2 P. M. The waters were intact, the foetus lying across the abdomen, the back up, the knee only in reach. Gave Puls. 30, a few pellets in water, one teaspoonful every hour.

Made several examinations, and at 6 P. M., found the head had come down so that with great exertion could touch it, and the knee had risen beyond reach. The pelvis on the right side was felt to be empty.

At midnight, on examination, found the head fully down, and at 2½ A. M., a girl was born by the vertex after only two and a half hours of much pain.

I have heretofore published, at three different times, eleven cases of evolution following the use of Puls. The first were in the fourth volume of the *American Homœopathic Review*, p. 505; the second in the *Hahnemannian Monthly*, vol. 3, p. 321, and the third in the *Hahnemannian Monthly*, vol. 4, p. 279, to which I refer those who desire to know more on the subject.

Since these were published I have had three more cases in which the same result followed its use. Could all these cases be the work of nature unaided by Puls.? If so, why do we

ever have to resort to manual interference, and why does not nature interpose in aid of physicians who do not use Pulsatilla?

That nature does sometimes produce the desired evolution in the process of travail, there is no doubt, but that it would in fourteen successive cases in one person's practice I cannot believe, and, moreover, some of the cases were given Puls. as early as seven months, others at eight, and others at eight and a half, and in all the result followed within a week from the commencement of taking Puls. In all that were examined during the week, a change was found at each examination, showing that the foetus was coming into the vertex position.

The longer before term the medicine was given the slower the process, as might be expected, on account of the greater activity of the uterus as the end of the term approached.

I have received several letters from different physicians, stating cases in which they believed that Puls. had produced evolution from an unfavorable to a favorable position. Another physician, of very large practice, told me that he had given Puls. to all his cases a week before term since I first told him of my cases, and that he had not had in all the years a malpresentation in a case where he had given Puls.

With so much evidence of the power of Puls. to produce evolution before the waters are ruptured, there should be no delay in bringing it to the test of experience by the whole profession, as it is the only method by which it can be settled beyond a doubt, as this power can only be shown in the gravid state.

To those of my own sex who have been unfortunate enough to have a child born by any unfavorable presentation, I need not say how much suffering may be avoided by the use of Puls. Nor to the other sex, how much security to life is increased and the long watching and labor at the bedside diminished by this simple method.

It being the duty of every physician to lessen suffering and save life, it is clearly a part of that duty to make himself acquainted with the best methods by which these desirable ends can be accomplished.

Nor should the simplicity of the method be urged against its efficacy, since on that account it can be tested without suffering to the patient, and, if successful, greatly to her relief.

I would respectfully present this paper to the Institute with the earnest request that it be candidly considered and faithfully tried by its members, most of whom I believe to be desirous of relieving suffering by those methods that do no injury to the patient, and all of whom are, I trust, willing to learn, even from the humblest sources, any truth that may lessen the fearful sufferings by which most of the race are ushered into life.

There can be no reasonable objection urged against its trial, as it involves no risk of injury to the patient, and leaves the physician all the resources he had before, if this fails.

IMPORTANCE OF OBSTETRICS.

AN INTRODUCTORY LECTURE TO THE COURSE ON OBSTETRICS, IN
HAHNEMANN MEDICAL COLLEGE, CHICAGO,
BY PROF. S. LEAVITT, M.D.

(Delivered Oct. 5th, 1880.)

Every human being lives and moves in a little world of thought, and sentiment, and knowledge of his own. We are of common parentage, endowed with similar senses and powers, but each possesses peculiarities which stamp his individuality, and make him unlike all others. Of his realm he is the sole monarch, and, in accordance with his own wishes he fashions his surroundings. With the industry of the bee he sips knowledge from various sources here and there, and makes it his, building and fashioning the particles into compactness, and comeliness, and utility. The structure thus reared is peculiarly his own,—though chiefly made from fragments appropriated from the wealth of others,—and, hence, in his estimation, is superior in material, design and execution. He looks upon the work of others with a spirit

of tolerance, and even discovers some things to admire; but the result of *his* industry is incomparably greater and better. Laying aside such vague figures of speech, I may say that every man's horse, every man's dog, every man's son, every man's daughter, and every man's — wife, perhaps, are better than every other man's. I am sure you get the import of this. The idea is that people are prone to over-estimate the value and beauty of their own possessions.

This is just as true in medicine as in any department of life, of knowledge, or of speculation. The physician who in a particular branch of the science and art to which he is devoted, has acquired a fund of learning and experience above his fellows, insensibly comes to hold very extravagant notions of it. Diseases, both functional and organic, the etiology and pathology of which are to others obscure, present explicit features to him. Viewed from his standpoint, the causes, either remote or proximate, of the majority of diseased states, are traceable to the particular organs or systems comprehended in his speciality. This true, we need not experience surprise when those who represent particular branches of medical study, insist upon the surpassing importance of their section.

I premise thus that you may know I am conscious of the foibles of specialists, and that therefore I shall aim to present my case with moderation, thereby escaping the imputation of extravagance. Nevertheless I can but say most emphatically, that thorough conversance with the science and art of obstetrics is of the utmost consequence. I insist on this the more strenuously in view of a disposition, manifested by many students, to rest contented with an extremely slim acquaintance with this department of study. I cannot convey to you in figures the just estimate which should be put upon midwifery as a branch of medical education. You may not rise to a proper apprehension of it during your college days; but when once fairly launched upon the rough sea of professional life, and the value of nautical knowledge is demonstrated by its absence, then, at a time when your opportunities for learning, save those growing out of

stinging experience, will be at their minimum, you will *feel* what I am now unable to express. Therefore, "He that hath ears to hear, let him hear."

Now, instead of deferring a candid contemplation of this question until after you have gone out from the educating and developing influences of your alma mater, consider with me, if you will, here and now, the grounds upon which these claims are predicated. Compare the experience of successful and unsuccessful obstetric practitioners, of corresponding mental endowments, and discover if you can, the elements which contributed most largely to the results so patent to all. Other things being equal, I insist that difference in educational acquirements explain the difference in sequence. The man who is conversant with the fundamental principles upon which the science and art of Midwifery rest, and the modes and methods of treatment, associated with and growing out of them, is the prosperous man. Do not understand me to say that education is the all and in all, for it is a self-evident truth that other qualifications, of the nature of natural gifts, largely determine results. What I design to say is that, as between two men of equal sense, discrimination, adaptation and energy, the man with superior knowledge of that which he is called to practice, will meet with greater success. Tact and education are co-ordinate factors. Education without tact, is weak and useless, and tact, without education, is audacious and dangerous. Be not deceived, as many students of my acquaintance have been, by the remarkable financial thrift of certain shrewd, but unschooled doctors.

Your own observation leads you to coincide with me when I say that the well-read and expert obstetrict is highly regarded, and his services are widely sought in every intelligent community. Mere tyros in medicine may conduct the majority of cases to a successful issue, and give satisfaction to patient and friends; but when difficulties and dangers are encountered, there is an urgent call for the services of those whose obstetrical acquirements are deep and broad.

This is an inviting, but somewhat neglected field of prac-

tice, and to it I would turn the attention of those whose tastes incline them to cultivate it. "No one competent to give an opinion on the subject," writes a good authority, "will deny that, for one expert obstetric operator, there might be found twenty consummately skilled operators in every other branch of surgery."

There is a fascination connected with general surgery arising, I conceive, in the main from the admiration which it elicits from the general public. Surgical operations are fraught with danger, and the surgeons who brave emergencies, with favorable results for their patients, are regarded as superior men. Accounts of remarkable operations are promulgated, relating how the surgeon dextrously cut among vessels and nerves, where a slight deviation might have proved fatal; how he exposed the viscera and penetrated to the very depths of the physical being; how he removed vast tumors and even extirpated entire organs, etc., all of which tend to arouse the admiration of those who, in such matters are unversed and inexperienced. Now this is true also of the skillful practice of midwifery. Real conditions are hidden from all save the operator, which fact serves to arouse admiration for the art in the same ratio that it adds to the mystery of it. People love to relate the exploits of obstetricians. They tell how such and such, within their knowledge, have predicted with much accuracy, the time of delivery; have changed positions, and presentations; have quickened labor; have applied the forceps, and extracted a living child; have averted sad catastrophies; have diagnosed twin pregnancy, and the sex of the child in utero; have staunched hæmorrhages, etc. There is a glare and a ring about the practice, which impart to it a relish.

The successful practitioner will tell you how greatly certain cases well treated contributed to his reputation and income. It is a uniform experience, when a woman has been so luckless as to fall in a labor complicated by unusual suffering and peril, and you, by timely and well directed efforts, prevail over the complication, and safely extricate her from the dangers and sufferings of the situation, she,

and her friends, are sure to herald your praises to the utmost limits of their power and influence. On the contrary, were you at such a time, either confessedly or impliedly inadequate to the emergency, from want of clear knowledge of the moment's duties, your professional credit would suffer detraction, while that of your competent successor or counsel would be correspondingly augmented.

It is a fact, the truth of which you will ultimately be conscious of, that, by giving a woman in confinement, considerate attention, and skillful care, the physician obtains a remarkably strong hold upon her regard and patronage. He may treat her for any acute disease, unconnected with child-bearing, without securing an equally firm claim upon her. Accordingly, when called to a confinement for your first service in a family, you may as a rule, feel assured that a favorable issue will stamp you as the physician in that household. In at least eight cases out of ten, the wife's prejudices or prepossessions determine the choice of doctor; then how important that the student of medicine thoroughly qualify himself to render women intelligent and efficient service in the most trying ordeal of their lives!

I have seen students who passed through the curriculum of study, and graduated, with but a meagre knowledge of obstetrics. In other branches they were proficient, and hence they came within the requirements. They may be good prescribers, and, in the main, fair physicians; but I am sure they have, by reason of this glaring deficiency, fallen far below the standard of excellence to which they might have attained. Now that favorable opportunities are open to you, do not, like these, console yourselves with the reflection that there are others of the same stamp. Do not let your experience run parallel with that of many genial, but ignorant souls, who have contrived, by the aid of smiling fortune, and well-informed confreres, to pass through a long, and tolerably creditable, professional career. Set your minds on something better, and sedulously bend your energies to the task of securing it. In the educational es-

essentials of true and well-earned professional success be not deficient.

In midwifery, the woman, reposing the utmost confidence in her physician, puts herself in his hands, and, in many instances, the outcome, fatal or other, depends almost wholly on his wisdom, knowledge and skill. This is a trust, involving, as it does, the dearest earthly interests, which should not be inconsiderately accepted, or ignorantly undertaken. A human life hangs in the balance, and the preponderance is cast by him. The happiness or the misery of many, and, perhaps, the eternal destiny of an immortal soul, await the result of his endeavors. Aye, this work involves momentous responsibilities, and it should not be undertaken without a just appreciation of them, and a due regard for their commanding claims.

We hear much said regarding the great superiority of practice over study. Book and oral instruction is spoken of as a good thing in its way, but as in every way inferior to a corresponding amount of experience. In this sentiment I do not fully concur. Experience is a grand teacher, but its instruction is fragmentary and partial. Practice, succeeding thorough oral and written teaching, settles and fixes principles already learned. It comes to demonstrate and impress. In some college regulations, three years of practice are taken as an equivalent to one course of lectures; but I very much doubt the *real* equivalency. A man of six years practice, and little study, is not as competent to perform the duties of his profession, as one who has attended two full courses of lectures, and devoted himself assiduously to his books. I really and truly believe that skill is made up largely—indeed almost wholly,—of the very knowledge which may be derived from just such instruction as you here receive. When we understand in advance every step of an operation, with its contingencies, unless we are consummate bunglers we may skillfully perform it. Dexterity is in great measure the result of practice, but this is more an ornament than an essential. Men of superficial attainments require much experience to raise them to the level of others

well versed in the theories which control practice. I make these observations the more emphatic that you may not acquire a mere modicum of book-learning, with the expectation to supply the deficiency at the expense of suffering humanity. You ought to understand that by study and observation, with the facilities here at command, you may be thoroughly qualified to assume the gravest responsibilities associated with midwifery practice. Success, or failure, in emergencies, is determined less by want of experience, than by lack of theoretical knowledge. Do not forget this.

For example, here is a case of transverse presentation. Dr. A., a physician of a dozen years' experience, is called. He gathers the patient's history of pregnancy and labor, and makes an examination. The real character of the presentation is not determined, and, as the os uteri is not widely expanded, he resolves to await developments. Labor goes on apace; the membranes rupture, and the presenting part is driven firmly into the superior strait, before he detects the untoward complication. Version, which is *the* treatment called for, is now performed with the greatest difficulty, and only at the expense of immense risk to the woman, and death to the child. Such unskillful management was due, not so much to lack of experimental, as of theoretical knowledge. The doctor should have made a positive diagnosis before the favorable moment for interference had passed, a thing quite within the power of an inexperienced, but well-versed, man or woman. With a knowledge of obstetric palpation and auscultation, the cardinal features of the various presentations, and the proper methods of utilizing them, he could have made a different record.

Here is a case of placenta prævia, constituting one of the most appalling complications in midwifery. In its conduct a gratifying outcome is probable only as the result of faithful application of well-defined principles of practice. The best qualified and most experienced obstetrists shrink with awe from such a case, but the self-confident tyro braves its dangers with fatal result to his patient. How much will a man's experience avail him, unless it stimulate him to dili-

gence in acquiring the theories and principles of treatment? A clear apprehension of real conditions, a ready knowledge of details and expedients, and a discriminating sense of the modes of treatment best suited to individual cases, are capable of putting an entirely different phase on results. These items constitute the real differences in cause between successful and unsuccessful treatment.

I might profitably cite many emergencies wherein are illustrated the deviations in practice which I wish to render clear. In abortion, with retained secundines, the unlearned not being familiar with the most approved rules for management, defer interference too long, operate at an unseasonable time, or in an unwise manner. In violent post-partum hæmorrhage life is sacrificed through want of acquaintance with the means at command to staunch the dreadful flow. The pale and ignorant pretender stands by, vainly dealing out potencies, and cudgeling his brains for forgotten lore, when a proper use of the hands God has given him would probably be effectual to rescue the woman from the great peril to which she is exposed. Gentlemen, let me advise you at this period in your history, while preparing for the onerous duties of professional life, to think less of practical experience and more of theoretical knowledge, and that, too, without underrating the one or over-estimating the other. Get well grounded in principles. Lay well the foundations of knowledge, and the superstructure will stand.

The physician should never for a moment forget that in labor, two or more lives are placed in his care. The successful entrance of the foetus—whose advent has been looked for with the highest anticipations—into its new and independent relations, depends in great measure on his conservation of its interests during labor. This true, the importance of learning well the duties of accoucheur become more pronounced.

By the injudicious use of Ergot in crude doses, at an improper time, the perils of the unsuspecting and defenseless child are greatly increased. The unqualified practitioner, recognizing the drug as a powerful uterine motor, but unac-

quainted with the most approved rules for its administration, exhibits it during the first stage of labor, or stage of os dilatation. The effect sought, is obtained; but it is like firing up an engine and turning on steam, without power either to arrest or regulate movement. Uterine contractions are increased in frequency and force, until, perhaps, the maximum is attained, and action is so energetic and continuous as to extinguish foetal life.

Pelvic presentations involve great risk to the child, and ought to be managed with intelligent regard to the mechanism of labor, and the various contingencies of the parturient act. Foetal mortality in these cases is great, at best; but there can be no reasonable doubt that many lives are sacrificed to the ignorance of medical attendants. The seriousness of such cases, and hence the high importance of familiarity with the details of treatment, are impressed by the confession of an obstetrict of some eminence in the profession, and a man of large midwifery practice, that he did not recollect a single child saved when it presented by the feet in a first labor.

In connection with transverse presentations it should not be forgotten that improper treatment, proceeding from ignorance, adds greatly, not alone to the perils of the mother, but also to those of the child. The woman may survive improper management of such a case, but the foetus is pretty sure to perish.

In former years accoucheurs often felt called upon to perform craniotomy; but, since the forceps have come into more general use, that operation, from which one instinctively shrinks, is a thing of unusual occurrence. Indeed, so remarkable a change in practice has been wrought, that an eastern obstetrician of repute recently remarked that he had performed the operation but two or three times in a practice of many years. The necessity for a resort to craniotomy is generally obviated by an intelligent conduct of labor, and a judicious use of the forceps.

In the management of powerless labor, lack of explicit obstetrical knowledge is injurious to every interest involved.

It is a maxim of wise practice that after descent of the head into the pelvic cavity, delivery should not long be delayed. But the half-learned doctor, through ignorance of this precept, or fear to practice instrumental delivery, adopts the expectant plan of treatment (a common resort for incompetency) with untoward results. Long compression devitalizes the soft pelvic tissues, and, worse still, destroys the child. I insist upon it, gentlemen, that the obligation is upon you—every one of you—to become familiar with the forceps and their uses. It is a duty you owe the woman you will be called to attend in the throes of labor; to the unborn child it will be your privilege to usher into independent life, and to yourselves, whose interests you will esteem it a pleasure to conserve. Do not be led to undervalue the importance of so doing by anything that practitioners who have used the instrument but little may say of it. There are many who deprecate the forceps; but those whose experience most merits confidence and emulation, concur in the opinion that a judicious employment of them is attended and followed by most gratifying results.

In this connection I invite you to recollect we cannot fairly assume from the fact of her living, that a woman has been properly treated. To escape with life is not always to escape with health. Women often survive grossly ignorant obstetrical care, but suffer long years of impaired health. We may justly impute many of the chronic ailments to which child-bearing women are subject, to unwise management during parturition and the puerperal state. This is a feature of the subject seldom dwelt upon, since facts and figures relating to it can scarcely be obtained. We find statistical reports of the comparative results of instrumental and expectant treatment, as regards mortality, presenting a favorable exhibit for the forceps; but we ought to recollect that there are results, as yet untabulated to any extent, which, could they be collected, would still further elucidate this important matter. The individual physician, in his practice, may learn much regarding the ills entailed upon women by the various forms and methods of treatment; but beyond this it is not easy to go.

I could instance a large variety of conditions, besides those already mentioned, under which to be ignorant of plain duties, is but a step removed from being criminal; but I refrain from doing so.

In conclusion, I beg to remind you that the spirit and culture of the times demand that those who assume the grave responsibility of conducting women through the trying and perilous ordeal of child-birth, shall be conversant not only with the phenomena of normal labor, and the few and simple duties connected therewith, but that they shall be familiar with the mechanism of parturition, the contingencies which are liable to arise, the obstacles which may be encountered, and the approved modes of management based upon and growing out of them. One cannot safely undertake to palm off traditions for scientific knowledge, or complaisance and knowing looks for real attainments. The day when such qualifications were accepted has passed, and real merit is the only coin now current.

At one time obstetrical practice was almost wholly in the hands of ignorant midwives. One or two physicians in each community were expected to be more deeply versed in obstetric lore than the practicing midwives, but they were not often permitted to act, and, even then, only in instances of the direst necessity. Like servile slaves they were frequently retained in a room near the lying-in chamber, as a reserve force, awaiting the beck of an inferior. If the midwife found the case too complicated or obstinate for her knowledge or power, she would then, and only then, apply for aid to the physician in waiting. There is a vestige of this absurdity among certain nationalities even now, but it is fast giving way to more intelligent practice. Some of the most capable men in our profession have, in later days, devoted their best energies to this branch of medicine, and, as a consequence, the science and art of midwifery have been remarkably developed and finally placed upon an honorable basis. "Old things are passed away; behold all things are become new."

The desirability of that which I have in these remarks

sought to impress, must, I sincerely believe, commend itself to your enlightened minds. The golden opportunity is here presented. You are building for all time. Begin well. Lay the foundation of your professional career upon the rock and you will be safe. Account no effort beyond your strength. Bend yourselves to the task. Get familiar with general principles and dry details. Discriminate between the essential and the non-essential in what you read and hear. Study, listen, reflect, and the near future of your hopes will not be empty and vapid.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

SPRINGBORO, Pa., March 14th.—Prevailing diseases are: Inflammation of the lungs and measles, chiefly among children. Remedies used: Aco., Merc., Bry., Phos., Tart. e. 3rd dil., and Gels., Bry., Bell., Pul., Sul. A. PARSONS.

UNIONVILLE, Mo., March 15.—Prevailing diseases are principally pneumonia, pleuritis, measles and articular rheumatism. My principle remedy for febrile stage is Aconite. Additional remedies are, Bry., Phos., Puls., Ruta grav., Sulph. and Tartar emetic. G. P. RUBY.

CLAY CENTER, Kansas, March 21.—Prevailing diseases are: (1). Diphtheria. (2). Pneumonia. (3). Gastric Fever. Remedies used: (1). Lachesis, Lycop., Apis, Bromine, Kali bichromicum. (2). Ver. vir., Bell., Acon., Phos., and Bryonia. (3). Chel. maj., Bell., Rhus tox., and Gels.

GEO. WIGG.

UNIONTOWN, Pa., March 15.—We have plenty of sickness here, rheumatism and measles are most prevalent.

The first calls for Bry. or Pulsatilla. Measles require Bell. The eruption is very tardy in making its appearance, and is called by the laity "Dumb Measles." The relief after the administration of Bell. is very decided. Puls. meets the gastric symptoms in some cases.

You have made a decided improvement in the journal this year.

A. P. BOWIE.

THIS WINTER WEATHER AND HEALTH.

NO EPIDEMIC ANTICIPATED.

Last winter throughout Europe and Asia there was much cold, *cloudy*, stormy weather,—marked by a great deal of sickness and death. On the contrary, we had a mild winter, with a due quantity of clear sunshine, but little sickness, and *no* epidemics. This winter, we have had rather cold weather from the 10th of November, marked by no sudden changes, no thaws. Nearly four months of regular cold weather, with far less changes in barometer and thermometer than is usual. When the meteorological history of this winter is written, it will be called one of the most regularly cold winters of any, since the noted cold winter of 1842 and 1843, which commenced in November and continued until April. The summer of 1843 was particularly healthy, and free from epidemics.

Last winter in Europe and Asia was very cold, but exceedingly *changeable*, with much *cloudy* weather. Their sickness arose no doubt from the great changes; sudden changes from cold to warm and back again, and no *sun*, consequently, not much Ozone. The sun is surely the greatest chemist in the physical universe, and in his presence much that might prove fatal is averted. The east was far more sickly during her *dark, changeable winter* than she proved to be during her *dry and clear summer*. Now our winter, though very dark, and damp, was *not changeable*, hence no *earthly* exhalation, therefore no vegetable miasm, (malaria) but no

doubt, as the malaria was made *latent*, by hard freezing. there was *more Ozone* and hence less disease, than the east presented last winter. True, a few localities suffered from scarlatina and diphtheria, but they were by no means general; since some local cause may have aided the results. I predict a healthy summer, no cholera, no great raging of any epidemics, and no destruction of this mundane sphere, as some foolishly announce. Regular weather of whatsoever kind, is always healthier than constant changes.

O. P. BAER.

RICHMOND, Ind.

CHRONIC CONSTIPATION CURED WITH OPIUM.

I send you the report of a cure of chronic constipation with Opium 200x. Last April, Mrs. K. came to me for treatment for chronic constipation. Her general health was good, and she was feeling as well as a person can who is troubled with constipation.

The only symptoms I could get were, that for more than twenty years her bowels never moved without the aid of physic or an enema, often going a week without having a movement. The stools had the Opium characteristics of being made up of small black lumps or balls. I had just been reading Prof Foster's case in *The Homœopath* and I decided to try this case in a similar manner, so I prescribed Opium 200x, ten pills every evening until the bowels moved then to stop the medicine.

She did so and was obliged to take the medicine for three evenings, after which the bowels moved regularly for a week, when she was obliged to take two doses more of the medicine. Since that time, however, the bowels have been regular, and no more medicine has been taken, now nearly a year.

A. K. JOHNSON

CASES FROM PRACTICE.

BY THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF
NEW YORK.

A special meeting, convened by call of the president in consequence of the failure of the society, because of bad weather, to meet in regular session on the 9th inst., was held at the Ophthalmic Hospital. There were thirty-two members present. In the absence of the president and vice-president, Henry J. Paine, M. D., was called to the chair. Dr. S. H. Veshlege, of New York City, a graduate of the New York Homœopathic Medical College, was nominated by Walter Y. Cowl, M. D., for membership in the society. Charles G. Schlick, of New York City, a graduate of the Eclectic Medical College of Cincinnati, Ohio, was nominated by Dr. Chas. A. Linker, for membership in the society.

WAS IT RANULA?

J. H. MacDougal, M. D., read the following note of a case occurring in his practice:

Mrs. A. E. C., aged about thirty-one years, married and a mother, has been from childhood subject to occasional attacks of a peculiar nature, the symptoms of which, so far as I remember, are as follows: They generally begin before rising in the morning with a feeling of prostration, usually accompanied by nausea, faintness, salivation, hawking and spitting large quantities of mucous; and when breakfast time arrives she has no appetite for it, and if she attempts to eat is unable to swallow a morsel. In a few minutes one of the sublingular glands of right side swells to a considerable size, throbs and feels as though suppuration is about to commence. At this stage she is usually obliged to return to her bed. In years gone by, the anterior portion of her neck on the right side would swell up about on a line with the lower jaw, the pain would be intense, depriving her of sleep; when, to get relief, she would apply poultices, which

in time would cause the gland to suppurate, burst and discharge internally, when the acute pain would cease. These attacks have lasted as long as two weeks. Some time ago I succeeded in modifying the attacks by the administration of Belladonna, Mercurius and Hepar sulphur singly as they seemed indicated by the symptoms. Upon a closer study of the case I found that Hepar sulphur was *the* remedy, one or two doses of which in the 30th or 200th potency will suffice to check the progress of the disease and render her convalescent in a few hours. She has not been radically cured, but so great is the power of this remedy that she may be confined to her bed in the morning, and in the afternoon be able to go shopping, or in the evening go to some place of amusement. She is very sensitive to this remedy, and after taking an overdose has been attacked with a sensation of needles pricking the skin, and also a characteristic headache, which lasted about two days; however, the swelling of the gland subsided about as soon as usual.

Diagnosis.—Ranula, or frog, according to some of the older anatomists, because it resembled the belly of a frog.

CASE OF FUNGUS CEREBRI.

The secretary read notes of the two following cases, sent by C. F. Oertel, M. D., who was not able to be present in person:

On December 30th, 1880, a boy was born with a small empty bag at the occipital bone, one inch below the posterior fontanelle. The bag looked like a young chicken's bill and was transparent. On the third day it began to fill up with fluid and gradually grew in size till the end of the first week, when the sac was over four inches in length and of considerable thickness. At the beginning of the second week the attending physician called five other gentlemen of the profession in consultation, who diagnosed the case as one of spina bifida. On the day following this consultation the attending physician extracted two ounces of yellowish fluid from the sac. The sac filled again, and at the beginning of

the third week two and a half ounces more of the same substance were taken from it. Other Allopathic physicians were then consulted, who agreed that there was an opening in the skull, and that brain matter escaped thence into the sac. The attending physician bandaged the tumor crosswise tight to the head and injected two drachms of tincture of Iodine, and two days after repeated the operation with one and a half drachms, declaring that he could do no more for the child. At the request of the parents, Dr. Oertel took charge of the case. He first secured a photograph of the child's head (which was exhibited to the members of the society present). He next carefully probed the skull through the tumor several times, and not discovering any opening in the skull, he tied the tumor with a white silk thread. The tumor diminished somewhat in bulk and became harder. As this process went on the child's head became larger. On Jan. 31st it measured twelve inches around the occipital and frontal bone; on Jan. 26th it measured fourteen and one-half inches; on Feb. 6th, the day previous to the child's death, it measured sixteen and one-half inches. The fontanelle was widened and the skull was very soft. The tumor grew darker and darker from the time the Iodine was injected and burst on the right side a few days before the child's death. Dr. Oertel divided the tumor by a large incision from behind, in order to ascertain its contents. There was no discharge whatever. The tumor was like rotten, decomposed animal matter, with a most offensive, sickening odor. The child never cried during its life and never manifested any sign of sensitiveness on pressure upon the tumor or when incision was made into it. He was taken with convulsions on the first day of February, and died in that condition on the next evening. Dr. Oertel diagnosed the case as fungus cerebri, and was of opinion that the tumor became a hardened mass from the effect of the Iodine injected, and that the head enlarged in consequence of effusion of serum in the substance of the brain and its ventricles. A post mortem examination was not permitted.

NEPHRITIS.

John Frohlich, aged fifty years, a printer by trade, came to Dr. Oertel and stated his case as follows: He had suffered from bleeding hæmorrhoids for twenty years, probably an inheritance from his father; had been troubled at intervals for eight years with cramps in his right hand, perhaps the result of close confinement to business; and for five years had been subject to hæmaturia, for which he could suggest no cause. He had been under the care of several Allopathic physicians in succession, had gone south, thinking he might possibly derive benefit from a change of climate, and been in the hospital of Savannah for ten weeks, had next been under the care of the physicians of the German Hospital of New York City for eight weeks, had been under treatment for two months in St. Luke's Hospital, and had been in the New York Hospital for two months longer. According to his statement he received no relief from any of this treatment. He was never free from hæmaturia in spite of fly blisters, irritating ointment-, injections of Tannin, etc. Urinating was extremely painful; the secretion was voided in drops and he passed from his urethra thick, coagulated blood from one to two inches in length and as thick as a lead pencil, causing excruciating pain. In consequence of the loss of blood he was very debilitated, so that walking was extremely difficult and it was only with the greatest effort that he could get up stairs; his body was emaciated, feeble and trembling; his complexion yellow, and his face expressive of long illness and torture. In this condition he came to Dr. Oertel. His treatment began with the administration of Cantharis, a powder of the 30th trituration, morning and night for two weeks. Under its influence, the pressing, cutting, violent pains to which the patient had been subject, disappeared to a great extent. Afterwards Terebinthi, Senecio, Mezereum, Millefolium, Nitric acid, Coccus cacti, Phosph., Sulph., Hydrast., etc., were used. The patient gradually improved

till he was entirely free from pain for weeks at a time. After this degree of success had been attained he was kept under treatment for four months longer. After that time he had no complaints in regard to the hæmaturia, the hæmorrhoids were not so profuse, the cramps in the hand were easier, his appetite was good, the urine clear, normal in quantity, and unmixed with blood, he had no pain, slept well, was able to walk all day, and was cheerful.

GNAPHALIUM IN SCIATICA.

Henry Von Musits, M. D., read a paper on "Gnaphalium pol," in sciatica and neuralgia cruralis. About three months ago a man aged forty-three years came to him complaining of a severe sciatica on the left side. About fifteen years ago he had had the same trouble on the right side, lasting for two years without the slightest improvement in spite of Old School treatment, consisting of sub-cutaneous injections of Morphia, applications of croton oil externally, Mercury internally, hot baths, etc., but yielding in about two months to treatment by the Hydrophatic system of Prissnitz. When he came to Dr. Von Musits he suffered from a numb, burning pain along the crural nerve in front of the left thigh, down on the inner portion of the knee, and along the sciatic nerve. Walking was almost impossible and any exercise on foot excessively fatiguing. At night there were frequent cramps in the calves of his legs, turning in bed was impossible, his appetite was diminished, and his temper was very irritable. The symptoms were identical with those he had experienced fifteen years before, when the disease had attacked the right side. Dr. Von Musits treated him as follows and with the following results: With regard to the burning, numb pain in front of the left thigh *Asa-fœdita* was prescribed, with no effect. Next morning there was an increase of the pain and other symptoms. *Aurum* was prescribed for two days, with regard to the severe pain in the sciatic nerve. There was no benefit from it. On the fourth day *Gnaphalium polycephalum* was prescribed, 6

cent. every three hours a powder dry on the tongue. On the fifth day there was decided relief. *Gnaphalium pol.* was again prescribed, a powder morning, noon and night. On the sixth day the pain had almost disappeared, and the same prescription was given. On the seventh day there was no more pain, walking and motion were perfectly free, but some numbness remained. For the five days following *Gnaphalium*, 12, was prescribed, a powder dry every morning. The patient's appetite returned, there has been no more cramps or pains since, and he is perfectly well.

VARICOSE ULCERS.

Dr. Von Musits read a note on the following case: Mrs. C., aged thirty-nine years, mother of five children, had had varicose ulcers on both legs for thirteen years. Under treatment the ulcers had healed and broken out again, but were never entirely cured. Last summer Dr. Von Musits saw her for the first time. At that time she had an ulcer on the left leg, which was closed in six weeks by bandaging and internal treatment. Last November he was called to see the patient again. He found both legs very much swollen, considerable œdema, the left leg blueish, ulcers of the size of quarter dollars on each leg, severe itching around the edges of the ulcers, not much pain and very little discharge. He prescribed *Lachesis*, 200, for a week, and *Arsenic*, 3x, for another week. This stopped the itching and gradual healing took place. On the night of January 31st the patient gave birth to a large, healthy boy, and an hour after the confinement her left leg began suddenly to swell and to ache intensely. When Dr. Von Musits visited her in the morning he found her leg swollen from the knee down to the tip of the toes to a deformed mass and of a dark red color and shining surface. He prescribed *Rhus*. 200, a dose every hour. In the evening small vesicles appeared on the surface of the swelling. The *Rhus* was continued. During the night she had intense pain, and on the morning of February 2d the

swelling was much increased, the vesicles larger, and on opening them they discharged fluid. On February 3d there was very little change. The Rhus was continued. On February 4th the color of the swelling changed to a very dark blueish red. Lachesis 300 in water, a teaspoonful every hour, was prescribed, and Arsenic 3x three times a day. On February 4th the pulse was 120 and very weak, and the temperature 104. The consulting physician pronounced the case a very serious one and thought amputation would probably be necessary. The Lachesis and Arsenic were continued during the day, and on the 6th, 7th, 8th, 7th, 10th and 11th of the month. During this time the swelling and discoloration were gradually disappearing, but the pain at night was still very intense. On the 12th, in consequence of the intense pain, the patient wanted the leg amputated, if there could be relief in no other way. It was very sensitive to touch and the parts were soft. The pulse was 100 and the temperature 100½. Silicea 6 in water, a teaspoonful every hour, and Arsenic dry three times a day, were prescribed. During the night the patient felt moisture coming from the sore leg, after which she had refreshing sleep, from which she waked bathed in perspiration. The leg broke in two places, and a third place which was filled with pus had to be opened with the lancet. A profuse discharge of healthy pus took place for several days. Silicea and Arsenic were continued for eight days, and there was steady improvement from day to day. In the following week Sulphur 30 three times a day for three days was given; and from February 23d to the present time Silicea 30 morning and night. The patient now feels well, is out of bed, and is able to walk a little about the room.

S. Lilienthal, M. D., read notes of a case of Lympho-sarcoma of the neck, and of a case of ascites chylosus.

Adjourned.

F. H. BOYNTON, M. D., Secretary.

NEW YORK, March 15th, 1881.

*PRODUCING DISEASES AND DEFORMITY.
VS. PREVENTIVE TREATMENT.*

Not far from twenty-five years ago I was called to see a child, said to be dying with scrofula. It was about thirty months old and cutting its first molar teeth. It was very much emaciated and had not much appetite. There was another child about thirteen months old, walking a little by its hands being steadied, and the mother three months on the way with another. Four had died under three years of age of what was called scrofula, dropsy and such other diseases as in infancy were formerly called scrofula. After some three or four weeks treatment, the child I was called to, was so much better that I discharged it as able to do without any further treatment.

The mother was well pleased and said little pills were just the thing for babies. But she did not think they were enough for adults. She was suffering with headache, pain in her side, and constipation. As I had done so well for the child she would like to have me treat her. I said, "all right, I will give you medicine." "O," she said, "you need not think of my taking them little things. They will not do me any good. I must have physic, Calmel, or Blue pills, and I must be bled, and have some Laudanum or Morphine to stop these pains, nothing else will answer."

I said to her, "Madam, is this the treatment that you have been used to with the six children that you have had?" She said, "yes sir, and nothing else will answer." That was the old treatment twenty-five years ago for such complaints. I said to her that in my opinion the treatment she received while carrying her children, caused all the hereditary scrofula they had, and if she wished to raise children, she must stop that awful murderous practice and take the medicine I gave the child and be cured and "you will have a child without scrofula and one that can be raised as easy as a lamb."

"Well" said she, "I will try it." She did try it, and has tried it five times more, with the same happy results.

But this little yearling that was just beginning to walk or toddle around, did have an awful time when about two and one-half years old. It was so sick and paralyzed, that it did not stir, only to breathe. It did not wink for some days. Liquids run down the throat as if into a bottle. She got well in due time however, is now married and has three children, all hearty and able to do their part.

The result of this treatment was so unexpected and successful that the father studied medicine and has been a successful Homœopathic physician for many years. When he first came for me to see his child, he felt very sad. He said that he had tried several physicians and all said that he could not raise any children. His neighbors said that I could cure them, but he had no faith. Still he wished me to try. This man is of light and sandy complexion; his wife is dark and black eyes and black hair.

I see no scrofula in my practice. I give no physic. I believe hereditary diseases originate from hereditary treatment. I believe that the child is formed from the secretions taken through the mother. That the seed is as much a mixed seed as corn and potatoes become mixed to form the new crop of corn or potatoes. As we see red and white corn in the same field, we find the corn mixed so with red and white men and women. A white man and Indian woman do not often make a completely white man or a complete Indian.

OMEGA.

Treatment of Nævi by Electrolysis.—Mr. S. J. Knott in the *British Medical Journal*, October 1880, p. 730, says that after having treated a very large number of cases of nævus by every means of which he has heard, has confidence in advising electrolysis to all who have not used it. It matters not where the nævus is placed, the needles will reach it. It may be on the ear, nose, eyelids, lips, neck, body, arms, legs, fingers, toes, or the vulva. In the vulvar case, the nævus involved the labia majora and minora on one side, and extending upwards and inwards, and was perfectly cured. Mr. Knott has never seen a case fail; whether the nævus be as small as a pea, or as large as the palm of the hand, electrolysis cures it. [So will Thuja.—ED.]

CASES FROM HOSPITAL PRACTICE.

BY CHARLES LLOYD TUCKEY, M. B., C. M., PHYSICIAN TO THE
LONDON HOMŒOPATHIC HOSPITAL.

PALPITATION AND ANGINA.

CASE I. L. L——, aged thirty-nine, a widow, somewhat plethoric in appearance, with three children, came to the hospital on September 10th, suffering from violent palpitation of the heart, coming on three or four times a day, on the least excitement or over-exertion, and possessing many of the characteristics of true angina pectoris. Intermittent pain over the eyes; giddiness, sleeplessness, or too heavy sleep, with bad dreams and unrefreshed awakening; loss of appetite, flatulence, and sour taste in the mouth; sensation of a ball rising from the heart to the throat threatening to cause suffocation; burning and redness of the palms of the hands. The heart sounds were weak but natural, the bowels confined, and the catamenia regular. Lachesis 6, three times a day, for two weeks, was prescribed.

September 25. The patient came to report that she was nearly well. There had been but one attack of palpitation, the appetite had much improved, there was no headache, and she slept very well.

In this case the effect of the medicine had been immediate; and since the first visit to the hospital, though she has occasionally applied for advice, there has been no return of the urgent symptoms, and the patient has enjoyed really excellent health.

IGNATIA IN ANGINA PECTORIS.

CASE II. was somewhat similar to the last, as the symptoms closely simulated those of true angina pectoris. N. J——. aged twenty-nine, a widow, who had had much trouble, had suffered for the last seven months from pain in the region of the heart, almost constant, but aggravated to an unbearable degree by emotion or exertion; constant

flushing of the face, almost complete sleeplessness, shortness of breath, and loss of appetite. Ignatia 2x three times a day had entirely removed all these symptoms in two weeks, for on July 10th the patient came to say that she was comfortable in every way, the heart's action, the appetite, and sleep being quite natural, and she being—as she said—“a different woman.”

A fresh access of trouble in August caused a return of many of the symptoms, and Ignatia was given this time without much effect; but Amyl nitrite 1x three times a day immediately cured this relapse; and since this time, though the patient has been to the hospital because of a winter cough, the above-mentioned symptoms have not returned. She was of a florid complexion.

CASE III. J. B—, aged forty-two, a stout, florid man, by trade a joiner, had for two weeks suffered from severe continuous throbbing frontal headache, which produced great languor and heaviness, with inability to fix the attention. There was occasional pain in the eyes, the sight was blurred, and sometimes lost altogether. The forehead and scalp were tender to the touch, the bowels were regular, and the urine high colored and scanty.

Belladonna appeared strongly indicated here, and its administration three times a day in the 3rd dilution at once gave relief, and had by May 14th—a fortnight after the patient was first seen—altogether removed the headache, tenderness, and eye symptoms, and had restored a normal character to the urine. For occasional heaviness at the top of the head Sulphur 6 was given, with the effect of bringing about complete cure.

CASE IV. M. E—, aged twenty-seven, a bookfolder, came to the out-patient room on December 13th, complaining of the following symptoms: Every month for ten years, immediately before the period, there had been a violent attack of diarrhoea, the stools being very watery, burning, and accompanied by much griping and sickness. After a few hours, blood appeared, mixed with mucus, and the lower part of the abdomen became tender to the touch, and there

was much bearing down. The catamenia were scanty but regular, there was leucorrhœa constantly, and some dysmenorrhœa. There was no headache or pain in the back, the tongue was fairly clean the appetite moderate, but much thirst was felt, especially during the attack, and the mouth and throat were hot and dry. Arsenicum 3x was given, to be taken three times a day for a fortnight.

December 27. The period had come on regularly six days before, and preceding it the usual attack of diarrhœa. The attack, however, had been modified, for there was no sickness or loss of blood, and but little bearing down or tenderness, and she felt better in every way.

January 24, 1880. Under Arsenicum the patient had got over the last period entirely without any trouble.

March 7. After the last period there had been a slight attack of diarrhœa, the water being high colored, thick, and scanty. The Arsenicum was now changed for Colocynth 3, and this medicine completed the cure, for on March 20th the patient came to say that there had been no more pain anywhere, that the whites had stopped, and that the water was again clear.

A few weeks ago, after having had six months' respite, the old symptoms again showed themselves in a milder form and were immediately subdued by Colocynth.

CASE V. M. H—, aged forty, an upholsterer, pale, thin, and sallow, with an aspect of suffering about her, on May 29th, 1880, complained of the following symptoms: Almost immediately after taking food there followed great sickness with violent retching, which lasted five or six hours, but was instantly relieved by vomiting. There was tenderness over the stomach on pressure, and distension after eating, but no tumor could be felt, no blood had been vomited at any time, and the bowels were but slightly constipated. The tongue was covered with a yellow fur, the mouth felt dry and parched, there was considerable thirst, coppery taste, dull frontal headache, and spinal tenderness.

Nux vomica 3 and Argentum nitricum 3 altogether failed at different times to give relief, and on June 19th Cuprum

metallicum 6 was ordered. In a fortnight—the symptoms were of three years' duration—the sickness had disappeared, and it was only after eating indigestible food that there was sometimes a sense of weight and distension. The head felt nearly clear again, and the patient's appearance had completely changed. This patient still occasionally comes to the hospital for various ailments, but there has been no return of the acute dyspepsia. [Gastritis.—ED.]

CASE VI. A. L.—, aged fifty-five, a charwoman, came to the out-patient room, saying that she had cancer of the womb, and telling the following story: She had passed the change of life some years, when she began to feel a great weakness and bearing down of the womb, for which she went to a special hospital. The physician there had introduced a very large-sized inelastic ring, and the patient retained this for six months or more. She then, by the advice of her friends, as there was considerable pain and discharge, withdrew the instrument herself, and now having been without it for two months brought it to show to me.

I found the os within an inch and a half of the external orifice, much ulceration of the internal parts, and a chronically enlarged uterus from subinvolution—it had borne ten children. The discharge was thin, brownish and offensive in character, and caused excoriation of the external parts. By the advice of Dr. Cooper I prescribed a mixture containing twenty drops of Liquor Soda Chlorate in six ounces of water, a dessert-spoonful to be taken three times a day for a fortnight, and a lotion of Condyl's fluid to be used frequently.

On July 17th, the fortnight having elapsed, she appeared looking much better, and told me the discharge had almost quite stopped, and that she had been able to do three days' work consecutively of charring for the first time for eight years, and without much fatigue.

I found the uterus at least an inch higher than on the former examination, and the ulceration very much better. I then introduced a large Hodge's pessary to rectify the prolapsus still remaining, and continued the lotion and medicine.

On October 16th the house surgeon saw her in my absence, and reported her again much better, and able to follow her occupation.

At the present time (December) she tells me she is quite well in every way.

CASE VII. R. G——, aged fifty-three, a whitesmith, came to the hospital on April 10th, and showed his back covered with deep, suppurating, serpiginous ulcerations, and where these were not, with deep white cicatrices. He had had syphilis thirty years before, and since that time had been subject to skin diseases, he said.

Kali iodium gr. j. t. d., was ordered for two weeks, and at the end of this time he was nearly well as far as the back was concerned, but there was some ulceration of the tongue. A few weeks' course of Acidum hydrochlor. 3x removed this, and he has since continued well.

The interest of this case appears to lie in the fact that so small a dose of Iodide of Potassium produced its curative effect so quickly, for the patient said that he had often been to other hospitals for the same disease, and had taken very strong medicines—no doubt containing Iodides in large quantities—so as to effect his health, but that he had never been cured so quickly before, and that the skin affection had always resisted treatment for months.

The next four cases are of ringworm, in which all London out-patient rooms abound.

CASE VIII. E. R——, aged eighteen. Recent ringworm of the scalp. Two patches of the size of sixpenny-pieces. Mercurius 3 internally was ordered, and an ointment, of fifteen grains of Chrysophanic acid to the ounce of lard, to be rubbed into the patches every night. This case was cured in two weeks, March 8th to March 15, 1880.

CASES IX. and X. M. and H. B——, brother and sister, aged six and eight years respectively, had had ringworm for several months, and it now covered the entire scalp in both cases. The girl was rickety and was treated with Calcareo internally, and ointment of Chrysophanic acid, as above, externally. This ointment, however, appears to be useless,

except in recent cases, and after two weeks it was changed for Sulphurous acid lotion. This cured the ringworm in six weeks, and at the same time the Calcareæ greatly improved the general health of the child. The boy was given *Sepia* 6 internally, and *Hebra's* spirit of soap was rubbed into the scalp every night, followed by the application of a lotion of Corrosive sublimate. This was a worse case than the girl's, and it was nearly three months being cured.

CASE XI. J. A——, aged thirty-one, suffering from primary chancre, complained also of ringworm. There were several small patches on the scalp, and a large one on the neck. He was treated internally for syphilis, and was cured of the ringworm in about three weeks by a weak lotion of Sulphurous acid.

CASE XII. D. J——, aged twenty-six, a joiner by trade, had gonorrhœa some months before, followed by a long gleet; now cured of this. He suffers (May 8th) from violent rheumatism, affecting especially the back, ankle, and knee. He is unable to bend the last-named joint without much pain, and is made thereby to walk lame. The pains are worse at night and after movement. There was no stricture, and he said that at other hospitals the rheumatism was called "gonorrhœal." There was no swelling of the joints present. *Bryonia* was ordered, and in a fortnight had caused some improvement. This was followed by *Mercurius solubilis* 3, *Kali iod.* gr. j. t. d., which produced its constitutional effects in a few days, and *Nitric acid* 3x. In six weeks he had lost all lameness and was able to run upstairs, and after ten weeks, being virtually cured, he discontinued attending.

These few cases, possessing few points of special interest, are, of course, but an abstract of the every-day attendance in the out-patient rooms of a general hospital. Most of the patients, however, found their way to Great Ormond street, after exhausting the benefits of other institutions, and several of them were cured by Homœopathy almost against their wills.—*Annals.*

Medico-Legal Department.

PREMATURE DOCTORS.

[We herewith print a correspondence that will interest our readers. We presume that this is not an isolated case. Should young men be encouraged to give up literary college and enter medicine in this premature manner? Humanity says no.]

DEAR SIR: Having a few leisure moments I take the opportunity to let you know where I am and what I am doing. When I left O—— I expected to return and continue my course of studies with you and at the seminary. Instead of that I gave up school and “bent the energies of my mind” to medicine. At present — as you see — I am at ——, with ——, a good physician, though not a graduate. He is from the Pulte College, takes *THE INVESTIGATOR*, etc., and is a busy, hard-working man. Homœopathy is booming down here. I prescribe and make calls every day to the extent of two or three dollars. In fact if I had means, I should be strongly inclined to open up in —— this coming spring. What would be your advice? I can't afford to teach school and many friends have advised me to settle there and begin practice. I should like very much to spend a few weeks with you and get a better knowledge of your treatment by electricity. I gave a treatment yesterday to a lady in town for general rheumatism, using the Kidder machine. If you can find enough to do for me to pay my board, I think I would spend two or three weeks with you next month.

YOUR FORMER PUPIL.

ANSWER.

DEAR FRIEND: Yours of —— date duly received and contents noted. I was somewhat surprised to learn that you had “given up school,” and am sure you will regret it. You should have continued until you had finished your course, then gone to a medical college and *graduated*. Then you could settle at any point, and make a thorough conscientious practitioner. Human life is too precious to be tampered with, and medicines are all too powerful to be administered,

except by one who has employed all possible means of obtaining as perfect a knowledge of them as possible. When the country was new, and colleges few and poorly endowed, men entered the ministry and medicine, and by close study and observation, were tolerable successful; but as it is now, no person should be countenanced, who either preaches or practices without having obtained as thorough a knowledge as our best colleges are capable of imparting. You may argue that those who are not graduates are very successful, as the doctor you are now with no doubt is admitted. Yet how much more successful he or they might be, were they graduates; and farther, there is a cloud in the moral atmosphere of such a person that is very depressing, in other words a man is laboring under a consciousness that he is not doing perfectly right, and it will crop out and be a constant source of annoyance to him. Do not settle to practice, you can better afford to teach, or do anything to earn money honestly until you get enough to take you to medical college. After you have spent a term or two at a medical college, so you will have a thorough knowledge of the system and of disease, I should be pleased to have you here and give you all the information possible as to my or *the* treatment with electricity. I know that you are very apt to learn, and of a very enquiring turn of mind, and should take pleasure in assisting you all I can, provided you go to work in the right way. You will see by our state university reports that my present student stands high, being class valedictorian. Now you would not want me to be instrumental in encouraging any to enter the ranks who can or will make a less credible showing. Take hold of the right handle, finish a course in some credible literary college, then enter medical college, take a thorough course. I know you would stand first in the class. Then there will be positions and places open and anxious to have you accept them, possibly a lucrative professorship. Would not this be worth the pains? Then, too, think of the satisfaction of stepping out into business, conscious that you are what you profess to be, and anxious to have your standing and credentials investigated.

Would it not be worth the pains? I again ask. I think so. Look it over carefully and prayerfully, and I am sure you will conclude as I do. Hoping to hear from you soon, and desiring to be remembered kindly to your family, I remain,
YOUR FRIEND.

HOW TO SUCCEED.

A WORD OF ADVICE TO NEW BEGINNERS.

The degree of M. D. has recently been conferred upon hundreds of medical students throughout the country. In view of this fact I have thought a word either of warning or advice from one who has been many years in the service might be acceptable.

I shall not go back of your *alma mater*. I take it for granted you have "acquitted yourselves like men," and having weighed somewhat in your minds the trials and tribulations that will surely beset your pathway.

A word as to location, believing it to be of the greatest importance, and one upon which your future prosperity will in a great measure depend.

Our system of practice has made such rapid studies within the past quarter of a century, that scarcely a hamlet can be found where our beneficent law of cure is not represented. Still there are open fields here and there welcoming the faithful gleaner. Many of you may prefer the city which may prove preferable in some respects to the country, yet you should not despise the "day of small things." An active, earnest practice, even in a country village for a number of years, will determine your adaptability for a city practice.

At all events don't be in too much of a hurry. Make a wise and careful selection of locality, and when once settled hold your head high, and say, "here I am and here I am determined to remain." Remember a "rolling stone

gathers no moss." Never allow any trivial occurrences to swerve you from remaining where you are. Success will surely come to you in almost any event, through persistent and steady effort. Never be *scared* away by the prating of Old School doctors. This "howling in the wilderness" will ever confront and encourage you wherever you are. Mind and not *howl* back; let them make the *noise*; and the more the better it will surely redound to your profit. Give them rope enough and they will hang themselves invariably. Possibly there may come a time in the heat of battle, when it would be wise generalship to charge the enemy, but this must be the exception, not the rule.

Make friends how? by being friendly. You are at liberty to "blow your own horn," provided you do not make too much noise. Hold up before the eyes of the community the exceeding benefits of our system. There will be no harm in relating some powerful cure (provided you ever made one). Show them the inconsistency and fallacies of the Allopathic way of treating disease. Circulate reading matter in the form of pamphlets or tracts, that the people may know "whereof you affirm." The better enlightened a community upon any subject the more readily will they be to choose for themselves, particularly is this true as regards homœopathy. The physician is supposed to be a man of knowledge, not only as relates to his particular branch, but knowledge in general; therefore, you should read much and keep posted in all the scientific and political issues of the day.

Be honest in all your dealings with men. Never be niggardly and penurious, but free and open-hearted. Don't become laggards and let the world swallow you up. Rather be instant in season and out of season, always abounding in good works. No one should be accounted a good physician who does not keep himself "unspotted from the world."

Your habits are supposed to be correct; if not, reform should be the watchword. An intemperate physician either in the use of alcohol or tobacco, is contemptible to say the least. What is more disgusting than the fumes of an old

dirty pipe! Keep yourselves clear from these things if you wish to succeed. Attend promptly to business. Let your patrons know where you can be found, when not engaged in outside work — always at your place of business. It is needless for me to remind you that hard study is to be your daily life work. Respond promptly to every call, whether by day or night. Study each individual case separately by itself, and determine to cure the patient as promptly and efficiently as possible. Your judgment should be good in order to discern between the different susceptibilities of temperaments and constitutions. This is the key which unlocks many a secret to success. Never reveal in any manner the secrets of your patients. Nothing will prove more adversely to your reputation than the name of “tattler.”

Few very few in my opinion are “born doctors.” I once knew a physician that seemed to be “possessed of this spirit.” At least he was the most popular man I ever knew in the profession, and this was his style: Very polite and gentlemanly, always ready with a smile and a nod for everybody. He never entered the sick room with a long “ministered countenance,” but always cheerful, kind and sympathetic.

A little story now and then
Is relished by the best of men.

This physician referred to, used to make a point to notice the “little ones” and court their acquaintance by feeding them “sugar pills—dry of course—but you know molasses will catch more flies than vinegar. Nothing pleases a parent more than a notice of their children. I was about to say that a physician who does not love children, is unfortunate to say the least. Much very much will depend upon your success in not overlooking these “little things.”

C. J. F.

Prof. T. G. Thomas believes that the time is not “distant when * the physician shall be expected to visit his patient from time to time all through her pregnancy,” * * and will be held culpable if he discharge his patient without a physical examination, to ascertain whether the parts have sustained any injury.

Physiological Department.

THE SPERMATIC SECRETION.

We have been favored with a document that has interested us because of the errors it contains and the false positions in which the profession is placed by it. The number of this class of effusions of late lead us to notice this one. A note reads:

"EDITOR.—*Sir*: If you consider that the ideas contained in the accompanying "Private Letter to Parents, Physicians and Men Principals of Schools" will tend to increase private and public morality, you are respectfully asked to notice its publication, and to say that it can be obtained by sending a 3-cent stamp to the Moral Education Society, No. 1 Grant Place, Washington, D. C."

To save our readers stamps, we give the letter entire:

"I take the liberty of offering for your consideration some views on the spermatic secretion, which, so far as I know, have not been hitherto entertained, either by physicians or the public generally.

"It is customary for physiologists and writers on the sexual organs and functions to assume that the spermatic secretion is analogous to the bile, pancreatic juice, saliva, and other secretions which are essential to human life, and which, when once formed, must be used and expelled from the system. The logical deduction from this theory is, that to insure the perfect health of every man and boy who has attained the age of fourteen or thereabouts, he must expel this secretion at regular or irregular periods, either by intercommunication with one of the other sex or by masturbation, unless the secretion passes away by the bladder or by involuntary action during sleep. A further deduction is, that there exists a natural necessity for unrestricted intercommunication between the sexes, or, since society will not sanction that, the establishment of houses of prostitution. Now the moral nature and finer sensibilities of both men and women protest against such a conclusion, and, therefore the truth of the theory which gives rise to it, is to be

doubted. For myself, I consider that to this theory, so generally believed, is due a large part of that sexual immorality, which turns the heaven of the affections into a hell of the passions, and is destroying at once the vitality and happiness of our race.

“ ‘As a man thinketh so is he.’ This is classic truth. If a boy obtains the impression, from books or from companions older than himself, that at the age of fourteen or fifteen the spermatic secretion is necessarily formed and accumulated, and that too without his knowledge, volition or power of prevention, and that in order to keep his health he must in some way periodically throw off that secretion, his actions will immediately begin to correspond with his belief.

“ The comparison by medical men, of this secretion with the bile, gastric juice, etc., fixes this theory in his mind and confirms him in his pernicious habits. But, substitute the word “tears” for bile, and you put before that boy’s mind an altogether different idea. He knows that tears, in falling drops, are not essential to life or health. A man may be in perfect health and not cry once in five or even fifty years. The lachrymal fluid is ever present, but in such small quantities that it is unnoticed. Where are the tears while they remain unshed? They are ever ready, waiting to spring forth when there is an adequate cause, but they do not accumulate and distress the man because they are not shed daily, weekly or monthly. The component elements of the tears are prepared in the system, they are on hand, passing through the circulation, ready to mix and flow whenever they are needed; but if they mix, accumulate and flow without adequate cause—without physical irritation or mental emotion—the physician at once decides that there is a disease of the lachrymal glands. It is my belief that tears and the spermatic fluids are much more analogous in their normal manner of secretion and use, than is the bile or gastric juice and the semen. Neither flow of tears or semen is essential to life or health. Both are greatly under the control of the imagination, the emotions, and the will; and the flow of either is liable to be arrested in a moment by sudden mental action. Also when a man sheds tears there is a subsequent depression arising from nervous exhaustion, consequent upon the violent emotions which caused the tears, and a similar effect follows sexual emission.

“ Now were men and boys made to believe and feel that it is as degrading for them to allow a seminal emission with-

out rational and proper cause, as it is unmanly for them to shed tears frequently or on trivial occasions, and that moreover uncalled-for emission is a destructive waste of life material, the formation of habits of masturbation, promiscuous intercourse and marital profligacy, with all their disastrous consequences, might be largely prevented. The difficulty of dealing with this subject, aside from the delicacy which is supposed to attend its consideration, lies chiefly in the fact that most people are born with large amative propensities. The sexual license of past generations has engendered a sexual excitability in the present which can only be counteracted, and even then very gradually, by direct education of the young on sexual ethics, and by a general dissemination of knowledge on the normal functions and rational use of the generative organs.

"In beginning thus to educate the people in sexual hygiene, scientists should be very careful to arrive at true theory on the subject. A theory which tends to bad results, which promises no amelioration of the troubles which now distress humanity, is to be doubted. My heart ached when at the close of a physiological lecture on the Passions, a young man exclaimed in appealing tones, "What shall we young men do? We want to do right, but our passions are strong, and you doctors don't tell us what to do." Though several medical gentlemen were present not one offered a word to strengthen that young man's will power in the line of continence. Is it not probable that help in ascertaining the normal action of the human organism may be obtained from comparative anatomy and physiology? Suppose the student of nature dissects and examines the sexual structure of the wild deer or ape and compares it with the human. Will not such comparison aid in determining whether it is in accordance with nature's simple unvitiated law and with human happiness, that the spermatic secretion should be formed in such quantity and reproduced so continuously as is now considered natural in man? It is at least pertinent to ask whether if this accumulation and mixture of the sexual secretions is found, it is not to a very great extent the result of habit, just as an enormous flow of saliva is consequent upon a cultivated habit of expectorating. Some men will spit a pint a day, others seldom or never spit.

"On parents and teachers devolves the duty of preventing the formation of wrong sexual habits in childhood and youth. Besides direct instruction on the subject, children should be early trained to the habit of self-control. The valuable teachings contained in the following extract should

be deeply pondered by all who have the management of youth. The writer says: "If there is one habit which, above all others is deserving of cultivation, it is that of self-control. In fact it includes so much that is of valuable importance in life that it may almost be said that, in proportion to its power does the man obtain his manhood and the woman her womanhood. The ability to identify self with the highest parts of our nature, and to bring all the lower parts into subjection or rather to draw them all upwards into harmony with the best that we know, is the one central power which supplies vitality to all the rest. *How to develop this in the child may well absorb the energy of every parent; how to cultivate it in himself may well employ the wisdom and enthusiasm of every youth.* Yet it is no mysterious or complicated path that leads to this goal. The habit of self-control is but the accumulation of continued acts of self-denial for a worthy object; it is but the repeated authority of the reason over the impulses, of the judgment over the inclinations, of the sense of duty over the desires. He who has acquired this habit, who can govern himself intelligently, without painful effort, and without fear of revolt from his appetites and passions, *has within him the source of all real power and of all true happiness.* The force and energy which he has put forth day by day, and hour by hour, is not exhausted, nor even diminished; on the contrary it has increased by use, and has become stronger and keener by exercise; and, although it has already completed its work in the past, it is still his well-tried, true, and powerful weapon for future conflicts in higher regions.'

"In the earlier stages of the world's history, conditions aside from sexual needs caused woman to become the slave of man. Had the sexes remained as they came into being, equal and free, with full liberty of choice and refusal in sexual relations, with equal liberty of advance and repulse in every one of the many steps by which love proceeds, from the glance of an eye to that intercommunication which is primarily, and as I think solely intended for the production of offspring, there is reason to believe that this free communion of man with woman, would by equalizing the sexual forces, have prevented that excessive desire for intercommunication which has possessed man through all recorded time, and which amounts to little less than a mania afflicting the whole race."

SAXON.

Whoever the author is there seems to be a sad lack of knowledge of the difference between a secretion and excre-

tion. The spermatic fluid is a secretion and analogous to the bile, pancreatic juice and saliva. These fluids are therefore used in the system. They are not excretions as his two illogical "deductions" would make them. Having started wrong, the writer infers that the profession are held responsible for immoral influence and conduct.

The comparison of this secretion to the tears, that are constantly flowing over the eyeball and down the nose, shows the medical acumen of this would be medical advisor! The comparison to the bile is the best, for that flows periodically and for a definite physiological purpose; so the spermatic fluid is generated for a definite use, at a definite time. That it may flow off occasionally at night without orgasm and that without serious detriment is true. It is this fact that physicians recognize. They well know that quack advertisements magnify these occasional "emissions" to a dreadful evil, centre the attention of young men upon these parts and thereby, under a known physiological law, increase the emissions and the number of their victims. To counteract this tide of evil, (backed by such misstatements as this, "Tissot tells us, that the loss of an ounce of semen is equal to that of *forty* ounces of blood!") physicians as a rule take the wise course of giving little *public* attention to these questions.

No wonder that young men were astonished, and medical men dumbfounded, at the strange physiology pointed out by "Saxon," if this is a specimen. It would certainly advance morality if a few of those self-appointed, ignorant public teachers exercised the self-control that is here admired. Diversion of mind is the remedy!

Physicians well know that there are many physical causes of sexual irritation. We have noticed an irritation of the genital organs in babies, due neither to hereditary impressions nor moral training, but a result of systemic irritation from chronic gastritis. The value of Platina and other Homœopathic remedies in such cases are well known. (Diseases of Infants and Children, Vol. II., p. 782). If all cases of genital irritation were advised to consult physicians early, public morals would be greatly advanced. T. C. D.

Progress of the Medical Sciences.

Cerebral Localization: the Psychomotor Centre for the Face.—M. G. Ballet reports (*Le Progress Medical*, Sept. 18, 1880,) the case of a woman, aged seventy, one who was seized suddenly with paralysis of the lower half of the left side of the face, without loss of consciousness or any decided paralysis of the extremities. In the evening, there was some paresis of the left upper extremity. Death occurred after four days. At the necropsy, a hæmorrhage was found occupying the inferior portion of the ascending frontal convolution, bounded below by the fissure of Sylvius. On section, it was found to have encroached a little on the ascending parietal convolution, but without having penetrated to the central ganglia.

Removal of Scapula with one-third of Clavicle and whole of Upper Extremity.—In the *British Medical Journal*, October 1880, p. 617, Mr. Lund gives a full report of the case of a young man, aged twenty, on whom the above operation was successfully performed. A large rapidly growing sarcomatous tumour necessitated this serious mutilation; and the patient, who was presented to the meeting of the British Medical Association at which the history of the case was read, fully justified, by his healthy appearance, the expectations formed if he submitted to the ordeal. Mr. A. F. McGill, refers to similar cases that have fallen under his personal observation, and gives details of one that occurred in his own practice.

Hæmorrhage into the Spinal Cord.—In the *Lancet*, October, 1880, p. 694, Dr. Charles Wood reports a case of spinal apoplexy. A girl, aged sixteen strong and healthy-looking, two months before admission became suddenly paralyzed in the left leg on rising from a chair. Bed-sores, retention of the urine, and exhaustion, closed the scene seven weeks afterwards. Opposite the ninth dorsal vertebra, a clot, about an inch long, and a quarter of an inch wide, was lying lengthwise in the posterior and lateral portion of the cord. [Several cases have been recorded, the majority occurring in young people of both sexes. In the *Lancet*, March 1880, p. 445, a case by Dr. Page, of a girl, aged nine years, is full of interest; and section 1267 of the *Medical Digest* refers to several others.]

Pathogenesis of Contraction in paralysed Muscles.—M. Charcot, in a recent lecture (*Progress Medical*, 1880, No. 14), points out that the sclerosis of the lateral columns does not, *per se* cause the contraction of the muscles; but that this is the result of an irritation of the cells in the anterior cornua of the spinal grey matter, depending on the subinflammatory changes in the nerve-fibres connected with them. He also draws a contrast between the dynamical condition of these

cells in locomotor ataxy, and in hysteria. In the former, the tendon and muscular reflexes are abolished, while the cutaneous reflexes are preserved or even exalted; in the latter, the tendon and muscular reflexes are very pronounced, while the cutaneous reflexes are abolished.

Lymphosarcoma of the Stomach and Intestines.—In this thesis (abstracted in *St. Petersburger Medicin. Wochenschrift*, No. 25) Golawski gives a review of the history of cases in which the disease especially attacks the stomach and intestinal canal, and endeavors from the account of the *post-mortem* examinations to draw a general sketch of the course of such cases. In all he collects sixteen cases which have appeared in various journals. He describes especially a case observed in Dorpat in which the disease of the stomach was very extensive, and which may be regarded as unique. An attack of malarial fever was followed by cachexia, and death occurred at the end of seventeen months. It appeared remarkable that, according to the history of the disease, such a very extensive affection of the stomach did not give rise to any symptom. Besides the stomach, there were affected the intestine, the lymphatic glands, the spleen, the kidneys, the liver, the lungs, and the heart. In the blood the white cells were found relatively numerous, but not to such an extent as to justify a diagnosis of leukæmia. Microscopic observation of the organs demonstrated that the lymphosarcoma was developed first in the neighborhood of the bloodvessels, and extended itself along them. This especial case here reported has already been briefly noticed by Boettcher in the *Dorpat. Med. Zeitschrift*, Vol. VI.

Medical News.

W. H. Roby, M. D., recently gave the Scientific Club of Topeka, Kansas, a good lecture on Homœopathy.

The Kansas Homœopathic Medical Society meets in Topeka, May 4th, 5th and 6th. An interesting time is expected.

Died.—In Barre, Vt., Feb. 2, 1881, of abscess of lung following pneumonia, Chas. H. Chamberlin, M. D., aged forty-five.

Dr. Levi Dodge, January 16th, aged sixty-one years. He had been a practicing Homœopathic physician in Fall River, Mass., since 1873.

Married.—H. W. Roberts, M. D., of Ottumwa, was married to Maura R. Lewis, of Ottumwa, March 30. We wish the doctor success in this new partnership.

The Minnesota State Homœopathic Institute will hold its fifteenth annual session in St. Paul on Tuesday, May 17th, continuing in session Wednesday, the 18th, 1881.

St. Louis News.—Dr. S. B. Parsons and myself have received appointments as regular lecturers at the City Hospital, said appointment being made by the Board of Health. We deliver lectures to all who may enter the hospital amphitheatre. Allopathic, Homœopathic, or Eclectic students. We consider it a big thing.

J. MARTINE KERSHAW.

New Remedies — Monotropa uniflora.—This new remedy as will be seen by the reports on p. 221 of THE UNITED STATES MEDICAL INVESTIGATOR promises to be a valuable addition to our list of medicines in convulsions. It would seem to be the most reliable of them all. It has an ancient reputation in epilepsy and nervous diseases, as well as in ophthalmia among the Indians. We have secured a small stock and can supply the 3x in small quantities.

Cleveland Homœopathic Hospital College closed another collegiate year, the class numbering 135 matriculants. Forty-five candidates complied with the requirements for graduation and received the coveted parchment. The commencement exercises were entertaining throughout with many floral tributes bestowed upon the young doctors. The distribution of the prizes was an interesting feature. The diploma of honor was won by Dr. J. Arthur Stephens, Cleveland, Ohio. The Alumni Association occupied its members by the presentation of clinical cases of interest, discussion of matters, medical, surgical, and educational, and by listening to a spirited and most appropriate address by Prof. T. P. Wilson. The Hahnemann Society gave an unusually fine entertainment. The annual address by Rev. Dr. Houghton was a very happy effort. The salutatory was delivered by Dr. E. T. Allen, and the valedictory by Dr. Ginn. The banquet was so effectually taken in that not even the toasts are left to tell the tale.

Bureau of General Sanitary Science.—American Institute of Homœopathy session to be held at Brighton Beach, June 14th to 17th, 1881.

Subject for discussion, Personal Hygiene. Bushrod W. James, M. D., Philadelphia, Pa., chairman, Progress of sanitary affairs during the year; introductory paper on Hygiene and its Relation to Medication. D. H. Beckwith, M. D., Cleveland, Ohio, Personal Hygiene—as to the air breathed. T. S. Verdi, M. D., Washington D. C., Personal Hygiene—as to dwelling occupied. T. P. Wilson, M. D., Ann Arbor, Mich., Personal Hygiene—as to habits formed. E. U. Jones, M. D., Taunton, Mass., Personal Hygiene—as to district inhabited. L. D. Morse, M. D., Memphis, Tenn., Personal Hygiene—as to clothing worn. G. W. Ockford, M. D., Burlington, Vt., Personal Hygiene—as to fluids drank. H. W. Taylor, M. D., Terre Haute, Ind., Personal Hygiene—as to food eaten. A. R. Wright, M. D., Buffalo, N. Y., Personal Hygiene—as to business followed.

Come to Kansas.—Will you be so kind as to say to the Homœopathic profession, that the next annual meeting of the Kansas State Homœopathic Society will occur at Topeka, the capital of the state, May 4th, 5th, and 6th next? Also that arrangements are being made to make it the most successful state meeting in the west? We want all the help we can get from without as well as within the state. We want the personal presence of every physician who can come, and papers from those who cannot. The first of May will be an excellent time for a pleasure trip through this great western country. By that time the new route through Kansas, Colorado, New Mexico and Arizona to California will be open to travel. And it will be just the thing for physicians, north, east and south, to pass through our city on their way to the new Golconda, and stop a couple of days for rest midway between oceans, and lend us their aid to help along the great Homœopathic boom in the west. Those who heard the masterly oration of President Geo. S. Walker, at the Western Academy meeting last spring, will need no other inducement to come except the simple announcement that he is to be our orator on that occasion. Next to the trip to Europe our friends can find no more delightful trip to make than one through the great southwest to the Pacific coast, and May is the time to make it. We shall welcome all who can come, and all the contributions that may be sent to us.

HENRY W. ROBY, Chairman Com. of Arrangements.

Wanting Information.—I am informed that an illustrious citizen of the state of Illinois called at the office of the National Board of Health a few days ago, and enquired whether Dr. T. S. Verdi was still a member of the same. Upon receiving an affirmative answer, he, said illustrious citizen, in great excitement, bellowed forth that he came here to "bounce" him. That Dr. Verdi "went back on the American Institute of Homœopathy," that he knew "Jim" Garfield and "Jim" Blaine, and that he would see him "bounced."

Will any member of the American Institute of Homœopathy be kind enough to inform Dr. Verdi how and when he "went back" on the American Institute of Homœopathy? News are news no matter from what source they may come, and Dr. Verdi is not averse to read them. Please give the information having the assurance from the doctor that he will not prosecute the informer in a court of laws for slander. He will let him off easy.

Dr. Verdi, being now engaged in a work to be presented to the American Institute of Homœopathy, at its next session, would like to know if he has so far stultified himself by "going back" on that grand institution as to consider himself an unworthy member of the same. After twenty-one years of faithful service rendered as a member of that Institute, and in defense of the cause of Homœopathy, Dr. Verdi would be the most enormous stultification of himself in such a move. But let us have the information *well founded*. Come on to Washington, gentlemen; now is the time to make war upon your brothers and thus make your cause flourish. T. S. VERDI, M. D.

The Twenty-first Commencement of the New York Homœopathic Medical College was held March 3d. A brilliant audience filled Chickering Hall. The introductory address was delivered by Prof. J. W. Dowling, M. D., Dean of the College. The degree of M. D. was conferred by Hon. Salem H. Wales, president of the Board of Trustees, on the following: A. Angell, New York; J. H. Bradsworth, New Jersey; C. N. Brantigan, New Jersey; H. Brooks, New Hampshire; L. A. Bull, New York; M. B. Butler, New York; A. E. Chapman, Massachusetts; S. W. Clark, Jr., Pennsylvania; H. W. Coffin, New York; H. N. Curtis, Ohio; J. D. Day, M. D., Massachusetts; W. A. Dobbins, Tennessee; S. P. Ecki, Ohio; A. F. Eife, New York; C. S. Elebash, New York; W. H. Faulkner, New York; H. L. Foster, Ontario; O. A. Gee, Vermont; C. A. Groves, Pennsylvania; E. W. Hamilton, New York; A. C. Hanor, New York; N. A. Harris, New York; C. E. Helffrich, M. D., Pennsylvania; R. W. Herbert, New Jersey; V. A. Hoard, New York; J. W. Hodge, New York; E. T. Horton, Vermont; W. D. Hough, New York; B. L. Houghton, New York; B. S. Keator, New York; W. B. Kelly, New York; W. C. Latimer, New York; R. F. Licorish, Barbadoes, W. I.; E. N. Lowry, Ohio; C. S. Macy, New York; C. A. Mayer, New York; J. C. Mesick, New York; S. E. Miles, Missouri; C. F. Millspaugh, New York; A. B. Norton, New York; H. E. Packer, Vermont; E. J. Pratt, Maine; C. F. Ring, Ohio; F. C. Sanborn, Vermont; R. W. Schuyler, New Jersey; W. J. Shrewsbury, New York; A. P. Sampson, New York; J. A. Sinsabaugh, New York; F. M. Sisson, New York; N. Smith, Jr., New York; T. St. John, Nevada; T. C. Williams, New York; E. H. Wolcott, New York. *Ad eundem*, Prof. G. F. Roberts, M. D., Iowa. The presentation of prizes was by Prof. F. S. Bradford, M. D., secretary of the faculty. First "faculty prize," for the highest standing in all departments, a complete set (XVII. volumes) Ziemssen's *Cyclopædia of the Practice of Medicine*, C. A. Mayer; second "faculty prize," for the second standing, a minor operating case, S. W. Clark; prize presented by Hon. Salem H. Wales, for the proficiency in all the junior studies, Helmuth pocket case, A. J. Warner. The valedictory on behalf of the graduates was delivered by B. S. Keator, M. D. The closing address was made by Rev. Dr. Conkling.

International Homœopathic Convention.—The undersigned were appointed by the American Institute of Homœopathy a committee of arrangements, and respectfully furnish to members the following information:

The next session of the Institute will be held at Brighton Beach, near New York, June 14 to 17, 1881, and arrangements have been made for one of the most valuable meetings of that Association. On Monday, July 11, the International Homœopathic Convention will assemble in London, and the members of the Institute are invited to attend as delegates. Our English brethren are making extensive preparations for the cordial reception and entertainment of their

guests, and the meeting will be one of marked importance in the annals of Homœopathy. The committee hope and trust that the invitation so freely extended will be as heartily accepted, and that America will be well represented.

Besides the great interest of the convention, the excursion will be a most delightful one. Owing to the large numbers that go across in the month of June, the committee have been unable to make specially favorable terms with any one line of steamers, though several have offered a discount from established rates.

They have deemed it best to give early information in regard to all the lines, so that each person can decide and secure at as early a day as possible suitable state-rooms, and make for themselves the most satisfactory arrangements.

The following are the lines, addresses of agents, sailings, and price of round trip, first-class tickets. They are well-established and reliable lines: White Star, R. J. Cortes, 37 Broadway, New York. Celtic, June 18, Britannic, June 25, Adriatic, June 30; \$144 to \$212, according to size and location of state-rooms. Inman, John G. Dale, 31 Broadway, New York. City of Chester, June 16, City of Montreal, June 23, City of Berlin, July 2; \$144 to \$180. Cunard, Vernon H. Brown & Co., 4 Bowling Green, New York, Algeria, June 15, Scythia, June 22, Parthia, June 29; \$144 to 180. Guion, Williams & Guion, 29 Broadway, New York, Wisconsin, June 21, Nevada, June 28; \$140 to \$175. Anchor, Henderson Brothers, 7 Bowling Green, New York, Furnessia, June 18, Anchovia, June 25; \$100 to \$120. (To London direct). North German Lloyd, Oelrichs & Co., 2 Bowling Green, New York. Rhein, June 18, Neckar, June 25; \$165. (To and from London a deduction of \$20 from regular fare). Hamburg-American, C. B. Richard & Co., 61 Broadway, New York, Lessing, June 23, Frisia June 30; \$185 to London. National, F. J. W. Hurst, 69 Broadway, New York, Sailings every Saturday; \$120. American, Peter Wright & Sons, 307 Walnut street, Philadelphia. Illinois, June 18, British King, June 22, Lord Gough, June 25, Pennsylvania, June 29; \$110, \$125, \$145, \$160. Tickets by this line permit return by Red Star Line from Antwerp to New York. Allan, H. & A. Allan, Montreal, Canada, Polynesian, June 18, Parisian, June 25. Sail from Quebec via St. Lawrence and Straits of Bellisle, five or six days on the ocean. Tickets from New York and return via White Mountains, Montreal and Quebec; \$174; from Boston, \$165; from Quebec, \$150.

Every member of the Institute, as soon as he has determined to go and has secured his passage, is requested to inform this committee in order that they may communicate with the Committee of Arrangements in London, who will assist (if desired) as far as possible in providing for their comfort there, at a season when London is always crowded.

Very cordially,

I. T. TALBOT, 66 Marlborough St., Boston.

WM. TOD HELMUTH, 299 Madison Ave., New York.

BUSHROD W. JAMES, cor. 18th and Green Sts., Philadelphia.

Committee.

The United States Medical Investigator.

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T. C. DUNCAN M. D., Editor.

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How to See with the Microscope.—This work receives a royal welcome from leading microscopists throughout the country.

MEADVILLE, O., March 28, 1881.

J. EDWARDS SMITH, M. D. *Dear Prof.*:—I have examined your work, "How to See with the Microscope," and do not hesitate to say that it is just the work we (the medical profession) need. I am more than pleased; I am delighted with it. I have long felt the necessity of just such a work. Yours, with great respect,

EDGAR C. PARSONS, M.D.

From the well-known Microscopist, Geo. C. Taylor, Esq.

THIBODEAUX, La., March 18, 1881.

MY DEAR DOCTOR:— * * * Your lessons in "How to See," upon *Tone* of object and field are admirable, aye more, *splendid*, being enveloped in the atmosphere of a true artist. You evidently have handled the *brush*, in spirit if not in flesh. This, in its bearings on objectives I have had to work out for myself, describing the tint (with my 1-6th) as a delicate pea-green, with a breadth of blue. Now since pea-green has too much yellow, requiring the breadth of blue, your apple-green is just the thing. An accidental hit caused me to accept this hint as the key-note to my adjustment. When I cannot get this *tone* to my satisfaction I put things up, feeling assured that my physical system is not attuned to work in unison with it. If the opinion of an old worker is worth anything tell your pupils to doubly heed your instructions on *tone*. * * * Yours truly, etc.,

GEORGE C. TAYLOR.

From George E. Blackham, M.D., F.R.M.S., President of the Dunkirk Microscopical Society.

MY DEAR SMITH:— * * * I have no time now to enter into any extended critique, but can say on the whole that I am delighted with it. There are some points about it open to criticism, but these are chiefly, if not entirely, due to its having been written in the intervals of a busy professional life. * * * All minor blemishes, however, fade away in view of the prime *fact* that you have given us the only real, practical treatise on the *use* of the Microscope that is not twenty years behind the times; the chapters on selection of objectives, and methods of testing them, are alone worth much more than the price of the book. The thanks of the rising generation of microscopists are due to you for the only work on the subject that I am acquainted with, that does not positively *mislead*. I have read the book with

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Materia Medica Department.

EXPERIENCE WITH USNEA BARBATA.

In March 1878, I was cutting wood, I cut down a soft maple, the top was well loaded with moss. It attracted my attention, I viewed it closely, I ate a little about the size of a hickory nut as I trimmed up my tree, my head began to ache. I cut off one log and had to go to the house, I could feel the blood press to the brain. My wife worked over me and I got to sleep. Next morning felt well, never felt better, I did not think of the moss I had eaten, I went on a visit and was gone five days. On my return I went to my tree, the first sight of it reminded me of headache. I gathered some of the moss and made a tincture, I soon had a case of headache to try my remedy on, it stopped it at once.

In the fall, about September a load of young folks came to pick cranberries, two of the young ladies had headache from riding in the hot sun, both took to the lounge. Now

for my remedy, put one drop of tincture in a goblet of water, gave teaspoonful, ordered another in fifteen minutes. The second dose stopped the pain.

A young married lady came on a visit to a relative's, was having pain in her head. I was sent for, found her wild with pain, she said she had been subject to headache for five years, had got tired of doctoring, gave her one drop in a cup of water, teaspoonful in twenty minutes, no more pain. I put ten drops in a two drachm vial of alcohol directed her to take one drop when she felt her headache coming on. One year after she wrote her friend it had cured her headaches, sent thanks to me.

I could give many more cases where the pain is over the entire head, or front head with a feeling as though the temples would burst, or the eyes would burst out of their sockets. I have always used the tincture. I have not noticed any other affect from it, would like to see a proving of it.

It is a lichen or sticta. I have found a lichen similar on the white walnut, but it does not have the same taste. It does not grow on healthy trees, very seldom on the trunk, grows on the branches. A tree that the heart is rotten or punky will have plenty on it.

M. D.

PUMPKIN STEM (CUCURBITA PEPO) IN VOMITING IN PREGNANCY.

CASE I. Mrs. S. pregnant, first child, had been treated by a regular with no benefit. I gave the tinct. one drop in cup of water, teaspoonful half hour. Checked it permanently.

CASE II. Mr. C. treated by A. (thinks he made the world), kept going from bad to worse, vomiting set in and the wise man looked sober and said he must die. I met a neighboring lady and I asked her to describe the fluid he vomited. She said he could not retain the least thing on

his stomach. I told her if she would help, we would save his life. I told her to go home and get a pumpkin stem, grate it, and steep it slowly one hour, then tell them you want to try a simple remedy, but do not tell them who told you, for they will not try it if they know it comes from me. Gave it in teaspoonful doses every twenty minutes. If retained on stomach, in half hour, for six doses, and as the vomiting ceased, to lengthen the time to one, two, three, four, five hours for a week. After first dose no more vomiting. The next morning the regular came in and stepped to the bed. When told the vomiting had stopped said, "Ha ha! I thought the last medicine I gave you must stop it" (he had vomited every thing up for twelve days). They asked the neighbor lady what it was she gave him. Her reply was Homœopathy. In cholera morbus it seldom fails. My mother used it when I was a boy. L.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

PINCKNEY, Mich., April 12.—Prevailing diseases are: (1.) Catarrhal fever. (2.) Pneumonia. (3.) Roseola. Remedies used: (1.) Aconite, Bry., Phos., Bell. (2.) Phos., Ver vir., (3.) Rhus, Puls., Acon., W. F. T.

FT. WAYNE, January 24.—Prevailing trouble has been and is—pneumonia, some typhoid cases of the disease, scarlet fever and diphtheria, with an occasional case of mumps and chicken-pox. There has been also a peculiar miliary eruption, at first something resembling scarlet fever or scarlet rash, but of no severity and of brief duration.

H. M. LEONARD.

AHNAPEE Wis., April 1.—We have had the past year a very healthy time, there has been no prevailing diseases at all, nor is any disease prevailing this winter. I had some accidents to treat, some cut their feet by chopping wood; had a few cases of pneumonia. Remedies, Aconite 3x, Bryon. 3x, Phos. 6x, Tartar emet. 3x. A few cases of bowel complaints, diarrhoea, Arsen, 3x to 6x, Merc. viv. 3x to 6x, Verat. alb. 3x did help. Obstetrical cases have been the most I had to attend to.

H. C. F. P.

NOTES FROM PRACTICE.

Two cases of urticaria of many months duration, which had resisted the usual remedies, were cured promptly by Chloral hyd. 1x four drops four times a day.

Two old and one recent case of pruritus vulva promptly relieved by the local application of Balsam peru.

I have not failed in the past five years to abort every case of quinzy that has come to my care, and Merc. sol. 3x trit. two grs. once in one or two hours has been all that was required in nine cases out of ten.

HENRY TUCKER.

ONCE MORE ON "GREASE."

When an "ex-professor" can see no difference between oil in emulsion and free "grease," as he elegantly terms it; when he finds four and one-half parts of an evaporated residuum, amounting to but thirteen and one-half parts out of one hundred, leaving eighty-six and one-half parts of vehicle in which it is held in suspension, an "excess of grease," and the same logical scientist sees less objection to buttermilk in typhoid "fever," in which he said "grease" is not only set free and found in masses, but even in masses of a size to be distinguished with the naked eye, we can well be pardoned

for declining to accept his opinion as having any weight whatever, and insisting that he give his authority for such teachings. *

FILTH AND DIPHTHERIA.

The quantity of filth, so far as it relates to the causes of zymotic diseases, is everywhere alike, whether within a sewer-tile, a wooden-box drain, a catch-basin or a sewer main. The quality is the same, whether found in the sewers of Chicago, in the cesspools, or the surrounding premises of the country farmer among the hills of northern Wisconsin or elsewhere; in fact, the disease-producing filth is the same everywhere. Climatic changes may influence individual temperaments and thereby permit such physiological changes within these persons as to allow under certain circumstances the development of the phenomena which we term septic poisoning; but in these instances the soil is made ready for the seed. It is upon this basis and not upon that of climatic changes that many of us escape. It is upon this basis that a zymotic form of disease may be endemic, that is to say, local; or become epidemic, that is to say, extended or carried beyond the confines of its origin. Being endemic, and originally caused by the presence of a limited amount of its specific germ, it may become epidemic through the multiplicity of germs, a difference of individual constitutions in some instances requiring a greater deposition than is necessary in others to cause the phenomenon of this or that particular form of disease. The theory that any particular constituent of the atmosphere is changed, and that that change consists in the loss of any part of its constituents and the subsequent gain of a disease-producing element,—disease-producing element for each specific form of disease,—is radically absurd. Zymotic disease is either produced, in each particular instance,—the form of disease being what it may,—by a climatic change, or else by a specific germ, the exact nature

of which is nothing more or less than a compound part of filth. It is often said that diphtheria or scarlet fever is more prevalent in this or that section of the country, where the drainage is absolutely perfect and the air is pure, than it is here in Chicago, as if the statement was any evidence against the fact that the presence of filth induced the disease there as well as here. This is so often said, even by physicians, that I think it proper at this time to draw attention to the following facts.

1. In no household, either in the city or in the country, is there absolute cleanliness. True, the members of some households are more clean both in their habits and surroundings than the members of others, yet in every household there is more or less accumulation of filth.

2. Among the appointments of every house there is a receptacle for filth. This may be in the form of a short wooden drain leading to an open cesspool commonly seen somewhere about the premises of the average farm-house, or else in the form of a tile sewer terminating in a catch-basin, as seen here in Chicago and other great cities.

Now, as I have said before, the purposes of these drains are identical both in the city and the country, and the quality of their contents is alike. The contents are putrescible, and if not otherwise destroyed they will decay, and the result of their decomposition will be the formation of a new compound, which is of a gaseous nature, the inhalation of which will in many instances cause the physiological changes already mentioned. The disease germ may be in the atmosphere, the air becoming the source of infection, or the source of contamination may be in the water we drink or the food we eat. In either case, the soil, through inhalations of the gaseous products of decomposing filth, is fertile, and a specific form of disease is the result.

It is hardly probable that any scientist will advance the idea that sewer-gas is the specific cause of diphtheria or scarlet fever, or that it is the cause of any specific form of disease. Sewer-gas is a poison, and as such, it affects the human system to a greater or less degree in precisely the

same manner, as before alluded to, as other insidious poisons do; it lowers the vitality, and it will ultimately produce death. In the country there is probably no other source for the generation of sewer-gas(?) so great, or which presents greater danger than the decay of garden stuff stored away in the cellar. The decomposition of vegetables is accompanied by an intolerable stench, which permeates every crack and crevice, and which is so strong that oftentimes milk absorbing it tastes precisely as the cellar smells. These odors vitiate the atmosphere of a house rapidly, and pave the way for disease. These exhalations are poisonous as emanations from the sewer are. These are facts. A vitiated atmosphere and an atmosphere in which there are suspended disease germs, or a drink, or a food, in which disease germs exist, are positively necessary in each case of infection; separately they cannot and do not induce disease—that is, zymotic form of disease. Were the facts otherwise than above stated, there would be no way of escaping contagious forms of disease; hence, the presence of filth bears the same relation as the germs themselves do to the infectious and contagious forms of disease. In order to prevent them it is absolutely essential that we remove the filth, or in some manner destroy it in every instance, wherever found.

T. D. WILLIAMS.

NOTES ON TEETHING.

[The following by A. M. Cross, Homœopathist and practical dentist of sixteen years. Experience will be read with interest.—Ed.]

Perhaps a few words from the way side, might benefit the young practitioner, especially reviewing lectures and writings in journals, also in March 15 number of THE U. S. MEDICAL INVESTIGATOR, page 271 Children's Department. Speaking of prevention of diseases and deformities by medical treatment, the writer says; "the children all have sound

toothie-peggies, and teethed normally and without any mediævally superstitious gum lancing. Apropos of gum lancing, if those who still adhere to this barbarous practice would just work up the indications of Acon., Bell., Ferr., phos., Kreo., Calc. carb., Calc. flour, Silicea, Phos. and the like, they would soon have, as I have, a very rusty lancet, and a very grateful heart that they no longer need to pain the poor bairns and constitute themselves dreaded objects."

Now, while I agree with the writer in the benefit of medical treatment, both before and after birth, for the benefit of teething, and preventing of serious consequences, I think he stepped over on to unknown ground, and stumbled on the same root as did the Prof. when he advised the students never to use the lance on childrens' gums, that it was dangerous, telling them to use a thimble and rub them through etc., never once speaking of extreme cases, where there is no time to await medical treatment, or the action of medicine. Now don't lance every child's gums merely because they are swollen and the child is teething, give the indicated remedy, tell the mother to let it have something hard to bite on and occasionally rub the gums a little, and await indications as I shall give hereafter, nine cases out of ten you will not have to lance the gums. I shall speak only of extreme cases where lancing is required, as is the surgeon's knife, where immediate relief must be given. Now suppose you are called where a child has had teething-diarrhœa for some time, has been drugged, given teas by all the old ladies in the town, you find the child in spasms, are told it has had them for the last twelve or twenty-four hours. If the child is the right age, first examine the mouth, in most cases you will find the gums swollen, and highly inflamed, with a white streak in the center of the gums, of one or more teeth, placing the finger on them, you will feel the shape of the teeth in the gums. Now, after making sure that this is the cause, take the lance, cut square down on the tooth in the white streak rubbing a little, (taking care not to let the lance slip) you will feel the lance strike the tooth and the gums recede, and most always without a drop of blood, the child neither flinch-

ing nor crying. I knew one case proving fatal in the hands of a young Allopath in Waverly, Iowa, in 1865. He was called, said the child was teething, lanced the gums and in twelve or twenty-four hours it died from hæmorrhage, this I call *pure ignorance*. I hope no Homœopathist, even first course students, will be guilty of that after reading this.

Case (only one of many in my practice,) Jan. 20, 1877 was summoned in haste to see a child three miles in the country. The father said his child was in spasms and he did not know as I would find it alive when I got there. When I arrived I found the child had had diarrhœa for some time, been treated with drugs and teas, etc. without numbers, had spasms for the last twelve hours. After waiting a few minutes to note its actions, I told the mother I must see its mouth. On examination I found both eye teeth swollen, with the white streak in the center, placing my finger on them I could readily feel the shape of the teeth. I told the mother I would have to cut the gums. Oh dear me, she could never see that. I assured her the child would not cry nor move, nor bleed. The father took the child and I lanced the gums. Only one oozing about one drop of blood. The child never moving, and the gums receding so as to show the points of the teeth, and in ten or fifteen minutes was sleeping sweetly. The mother exclaiming, "Why how sweet it sleeps." I gave an appropriate remedy for the diarrhœa and returned home. The father reported the third day after, saying that the child was well of the diarrhœa and getting fat again.

Keep your lancet clean and sharp as well as other surgical instruments, for you may need it when you least expect.

In a case of placental retention in which the blood "almost spurted from the womb," cloths wrung out of hot water were applied to the abdomen, and water at a temperature of 115 to 120° F. was injected into the uterus. Vigorous contraction followed, and in five minutes all hæmorrhage had ceased. Afterwards the placenta was removed and with but little trouble as the uterine contractions continued strong.—St. Louis Clinical Observer.

IRRITATION—NOT CONGESTION.

TO ED. INVESTIGATOR.—However much we may dislike the task of criticizing the theories, statements and reports of brother physicians, it is a duty from which no practitioner ought to shrink, for great good both to our *journals* and to the profession generally may grow out of such scrutiny, if conducted in the proper spirit. The analysis of erroneous reports and statements will no doubt lead hasty contributors to the work of *thinking* before beginning the task of writing to edify others, and thus economize much material and valuable time.

I have a kind of an “inkling” just at this time, that a slight scrutiny of the astonishing counsel given to Dr. R. M. Weir by D. A. H. in THE INVESTIGATOR of Feb. 1, page 145 would not be in the least out of place or in any way productive of damaging results. This is a case that can be made profitable, and to those inclined to draw upon the imagination to the extent that D. A. H. has done, there is an enviable opportunity offered for no end of amusement. This counsel of D. A. H. to say the least is “far fetched” and is seemingly doled out with the utmost indifference in so far as results are concerned, and given apparently at random, when Homœopathically considered.

For the particulars of this case as given by Dr. Weir, the reader is referred to page 58, Jan. 1, 1881, of THE INVESTIGATOR. Its captioned—“Spinal Congestion,” which by the way I will venture to name *Spinal Irritation*.

Previous to the vomiting, pain, etc., set in, the *irritation had extended to the structures about the medulla oblongata reflecting forward through the ophthalmic nerves and also outward along the auditory nerve*. The vomiting then was purely sympathetic, and in support of this position we need only call to mind the fact that Dr. Weir did control the vomiting with *Cocculus 2x*. “The ultimate effect of *Cocculus* upon the spinal cord appears to diminish its irritability,” says Hughes and others.

Further administration of *Cocculus* might have continued to benefit the patient; but from the *Lycopodium* nothing could be expected.

D. A. H. says: "I suggest the application of a large horse-shoe magnet from fifteen to thirty minutes in the *forenoon* to the small of the back, internally *Lac. caninum* 1m. (Dr. Swan's) for two weeks, then alternate with *Phos. ac.* 200 for two weeks, and continue (alternating) for two months, patiently awaiting results." Now as to the magnet very little is known of its curative power further than that its effects upon the human organism are electrical, but so far as heard from, no more so in the "*forenoon*" than in the *afternoon*.

We should never resort to such doubtful agents, when we have sure ones in such aggravated cases as this one seems to have been, especially when our certain agents are of no limited number. *Lac. caninum* 1m. (Swan's) for two weeks! Why! For what purpose! None but the most visionary can possibly imagine. For certainly it cannot be demonstrated by Homœopathic tests that this agent, if agent it can be called, has any relation whatever to this or any other diseased condition.

Hydrophobia might possibly call for the exhibition of *Lac. caninum* upon the hypothesis of being *relatively* though *not* similarly indicated. *Phos. ac.* has some symptoms in common with the case under consideration and so has almost every other remedy in our *materia medica*, if we accept all that some of the old provers teach. But symptoms recorded by provers that cannot be verified, or readily reproduced upon others are no guides to intelligent physicians, and they are too careful to be "tripped up" by such "stumbling blocks." They rely only upon that which can be practically demonstrated and unerringly applied. Blind faith in the illusions of mistaken enthusiasts answers no purpose in the hands of the practical healer quick to deal with emergencies. But admitting all to be true of *Phos. ac.* that is claimed for it by the provers, it then remains to be seen how it could be *the* remedy *per se* for this case. It is true it acts

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through the sympathetic and cerebro-spinal nervous system, but it is a well established fact, that *through this system* it exerts *most of its influence* upon the generative and urinary organs and alimentary canal; and none of these organs have been reported deranged in this case.

Remedial agents that do not act directly upon the seat of the original trouble cannot possibly afford any permanent or even temporary benefit in this case. And it is scarcely necessary to call the attention of Dr. Weir, an Allopath formerly, to such remedies as Nux vom., Ignatia, Conium mac., Glonoine, Prussic ac., Gelsemium, Bell., Ergot, etc. A proper selection from these remedies from time to time given in medium Hahemannian doses with a cold water compress kept all along the spine, the patient placed in the most comfortable position available, and restricted to a nourishing and non-stimulating diet, will *benefit* her *much* and that too without waiting "patiently for two months for results." Improvement will begin at once and persistence in this treatment will in due time without doubt effect a perfect cure in all curable cases.

INDIANAPOLIS, Ind.

DAVID HAGGART.

Aneurism of the External Carotid Artery, successfully treated by Opening the Sac.—An abstract of Mr. H. Morris's case, which was read at the Royal Medical and Chirurgical Society, is to be found in the *Lancet*, October 1880, p. 695. A woman, aged 45, came first under treatment, May 1879, with an aneurism just above the bifurcation of the right common carotid, which had been noticed to increase during the previous eight months. Symptoms becoming urgent, a ligature was placed around the common carotid artery with apparently successful results; but, at the end of November, pulsation was again felt, and the aneurism suppurated, ruptured, and, becoming inflamed, grew rapidly. The facial and superior thyroid arteries were first ligatured, and then the sac, and a silk ligature was passed around the vessels beyond the sac. The wound did well, and the patient had quite recovered by February 1880.

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*PETROLEUM IN ARTHRITIC HEADACHE.**

TRANSLATED FROM THE FRENCH BY J. D. W. HEATH, M. D.,
SHAWANO, WIS.

Having noticed in the last number of THE INVESTIGATOR (for Jan. 1, 1881) a call for any facts relating to the therapeutic value of Petroleum that may be in the possession of the profession, I would call your attention to the case transcribed into the *L'Art Medical* (1875 p. 149,) from the *Allg. Hom. Ziet.*, etc.

The following are the facts there presented. Case of arthritic headache. Patient a lawyer, aged forty-four, of large practice, had always been well up to the age of eighteen. During the Revolution of Hungary in which he took part he received a wound on the forehead from a stone thrown from a great height, flattening at the same time his helmet—he still carries the cicatrix,—he was knocked senseless, but nevertheless, he was able to continue through the campaign without trouble from his head.

In August, 1869, twenty-four hours after a bath in the river during which he had a cramp in the left foot, he was taken with a painful swelling about the size of a hen's egg, in the left calf. The suffering made him go lame. Afterwards he experienced for forty-eight hours pain in the left coxo-femoral articulation. At the end of a few days the pain and swelling disappeared, but there remained pain in the occiput which has not left him since then.

In the month of November after a hunting excursion in cloudy weather, having drank with supper but a pint of light sour wine, the dull pain spread to the vertex and forehead like a burning fire, and became so violent that he had to support his head on the table, without being able to speak for half an hour. By that time he was able to lie down on a sofa, and at the expiration of two hours he went to bed. This burning pain in the occiput, vertex and forehead, was accom-

*Read before the Chicago Academy of Medicine.

panied with vertigo, and obliged him at least ten times through the day to stop his work and lie down to obtain a little relief. It became so violent after a voyage toward the middle of March that he thought he would die from it; he shrieked, groaned and yelled. The least movement exasperated his suffering. The patient could neither cough nor spit without screaming, and the pains hindered him from opening his mouth. He was hungry, and he dared not eat because to move and masticate provoked the suffering, he swallowed precipitately a few mouthfuls, and the pains then attained such an intense degree that he threw himself again on his back. It was impossible for him to drink during the attack.

Allopathic treatment by laxatives, Aconite, Colchicum, Hydrate of Chloral, and revulsive had only brought little relief.

Dr. R— was called the first of May, found the patient thin in flesh without any trouble of the heart or lungs, the abdomen painful and distended by gas, the effects of a purgative. Pulse filiform, easily depressed, forty-eight beats, but it arose to seventy or eighty after the pains diminished. The patient is lying on the back because in that position the pain in the head is most supportable. The pain begins in the occiput, gains the summit of the head, where it has never entirely disappeared, and extends to the forehead, orbits, and even to the end of the nose, and zygomatic arch, leaving the same sensation as if he had executed some difficult labor. It only becomes bearable at the end of an hour. The patient dares not go to sleep and tries to keep himself awake the longest time possible, because at the expiration of a few moments of sleep he awakes with terrible suffering; when fatigue overcomes him and he falls asleep for some hours he wakes up with most acute pains, of which the duration was at first very long but which later cease at the end of eight or ten hours. The patient complained of great pain in the neck, which was stiff. The muscles of the head and neck are swollen. No indications of difficulty with the spinal column; he moves the back, hands and feet easily and with-



out hesitancy. To diminish the pains in his head he puts his head with the flat of his hand in a rapid and continuous manner. Goes to stool every five days in the condition of health. Now he only has a movement by the use of a purgation, emission of urine slow, because the effects provoke the head trouble, feet always cold; no perspiration since the commencement of the disease.

The patient has not ceased to apply himself to the labors of his profession, from the intense application of thought which his work necessitates, or from the fits of anger to which he is subject on account of his passionate character, his condition is made worse. After having tried without lasting results Bry., Acon., Bell., Atropin., Sulph., Merc. sol., Arsen., China, Chinin. sulph. in attenuation and the crude substance, Iod., Nux vom., and as an external application Chloroform oil and Arnica, Dr. R—— gave, June 2d, after advising with Dr. Kafka, Colchic. during five days without success, after that, June 8th, he gave *Petrol.* 3.

The patient said that was a strange medicine, and he disliked to take it very much. He had no pain in the morning, but after taking two teaspoonfuls of coffee the pains come on with great violence and he refused to take any remedy. Towards noon he perceived that he could masticate without pain, even gnaw a chicken bone, then at the expiration of a quarter of an hour he could remain sitting, and at last with the aid of his wife he walked twice through the room, which had not been possible for two months previously.

From June 10th medication was stopped. June 14th, he was able to be up and enjoy a game of cards. June 23d there still remained transient pains in the head and legs.

Iodoform in Pruritus Vulvæ.—At a recent meeting of the New York Obstetrical Society (*New York Med. Jour.*, October 1880), Dr. Mackenzie remarked that the plan of treatment which, in his hands, had yielded the best results was a local application of an ethereal solution of Iodoform in the form of a spray. It produced no pain, and was very rapid in its action. Dr. Warren also had used Iodoform in an ointment in these cases, and with more satisfactory results than from anything else he had tried. [The Iodoform suppository has also worked nicely in these cases].

**SUPPOSED MENINGEAL SYMPTOMS IN
BRONCHIAL PNEUMONIA.**

The regular monthly meeting of the Chicago Academy of Medicine was held at the Tremont House April 7th. President Hedges in the chair, Dr. Cross was appointed secretary *pro tem*. After the reading of the minutes of the preceding meeting, the society proceeded to the election of officers for the ensuing year, which are as follows: J. S. Mitchell, M. D. President; R. N. Foster, M. D. Vice President; E. Cross, M. D. Secretary and Treasurer. Board of Censors, T. C. Duncan, M. D., S. P. Hedges, M. D., A. W. Woodard, M. D., W. H. Sanders, M. D., J. N. Wilkins M. D. It was moved that bureaus be appointed, consisting of three or five members, not less than three, in each of the practical sciences of medicine including, practice, surgery, diseases of women, diseases of children, obstetrics, eye and ear, diseases of the nervous system, sanitary science, materia medica. Which motion was carried, and the following bureaus were appointed:

Practice.—Drs. J. S. Mitchell, L. C. Grosvenor, E. Cross, W. S. Johnson, Catherine Wells.

Surgery.—Drs. Charles Adams, A. G. Beebe, E. H. Pratt, C. W. Ely.

Diseases of Women.—Drs. S. P. Hedges, J. W. Streeter, J. H. Smith.

Diseases of Children.—Drs. T. C. Duncan, H. M. Hobart, R. N. Tooker, J. P. Mills, J. E. Caldwell, S. A. White.

Obstetrics.—Drs. R. N. Foster, J. N. Wilkins, J. Dal.

Eye and Ear.—Drs. J. H. Buffum, F. H. Foster, I. Elliot.

Diseases of the Nervous System.—Drs. N. B. Delemater, C. H. Evans, F. H. Newman.

Sanitary Science.—Drs. T. D. Williams, W. H. Sanders, N. B. Delemater.

Materia Medica.—Drs. A. W. Woodard, W. H. Burt, E. M. Hale, E. A. Ballard.

After the election of officers, Dr. Duncan read an interesting essay on

MENINGIAL SYMPTOMS IN BRONCHIAL PNEUMONIA.

He stated that he had chosen that subject for the reason that there was so much confusion and misapprehension in reference to brain symptoms in diseases of the lungs.

Had been called to cases of this disease in children where the symptoms at first presented, were those of a slight cold, and loose cough. After the cough had continued for a week, perhaps, there was suddenly quite a fever at night, the child was restless, starting and jumping in its sleep, or laid in a stupor. The cough was more dry. The child was in distress, starting when it coughed and sometimes cried out, sometimes kept up a wearing cry. The cough was not prominent.

A mistake was frequently made in such cases in believing that these symptoms indicated some brain trouble, or that there was something alarming to follow, as convulsions, or that the disease had gone to the head, and some new trouble might set in.

This year, instead of that kind of symptoms, the enteric symptoms had been more prominent.

In such cases the trouble was not in the brain at all, but was pleuritic. The inflammation had travelled down the bronchial tubes until it had involved the lobulæ coming out to the pleura so that now the disease was really a broncho-pleuro-pneumonia. The disease had progressed so gradually that it had hardly attracted attention until the severe symptoms appeared.

Careful handling of the child should be studied and the pressure should be upon the diseased portion of the lung. In a comfortable position the sufferings of the child could be lessened.

After effusion had taken place in the pleural cavity the alarming symptoms would subside, and the process of infiltration, which is a slow process, particularly in bronchial pneumonia, having gone on for perhaps a couple of weeks,

the lung was partially cleared, and the effects of the process of infiltration was perceptible. There was now present a dryness of the mucous membrane, the mucus was carried out, leaving a raw condition of the surfaces of the bronchial tubes. The child appeared in distress when it coughed, but from a different cause. It appeared restless and uneasy. It had been sick perhaps three weeks. The attendants watched the case carefully perhaps, but were not aware of the nervous symptoms that set in as the bronchial tubes began to clear themselves.

The child might have looseness of the bowels at this period from the swallowing of mucus. There might also be vomiting from injudicious feeding.

At this stage the cough became more dry, and appeared to be as bad as ever. The child was pale, anæmic, restless and very irritable.

The symptoms that now presented themselves were those of cerebral anæmia. The system was drained by the long, tedious illness. The cough was loose in the morning and dry towards night. Perhaps an irritable fever will set in, and as the disease progressed along into the fourth week, the patient became exceedingly irritable. In this condition there was also great wakefulness and this nervousness, this irritable condition was alarming. In very fleshy children a stupor sometimes follows this condition. This cerebral anæmia was a hydrocephaloid condition of the brain. Those brain symptoms occurred at the commencement and towards the close of an attack of bronchial pneumonia, and simulated very closely meningitis or meningeal irritation.

Had known a case of this kind where the physician, at this stage of the disease, administered a dose of Bromide of Potassium, supposing that the disease had gone to the brain. Coma was brought on, which the child did not recover from. Cina corresponds to the cerebral condition at this stage of the disease. Chamomilla was also useful sometimes, and Lycopodium. Sometimes at the commencement of the attack Bryonia will control the first stage, Ipecac will do well

following the dry stage. Phosphorus and some other remedies may produce good results.

This disease sometimes ran from one to six weeks. The course of the disease depended altogether on the constitution of the child, and the care and medical management that it received. Sometimes the physician was not called until the disease had reached the second stage, and then it was much more difficult to arrest after the lobules had become filled.

Dr. Hedges thought there was no physician in regular practice but what met with cases of that kind. The symptoms were misleading and the physician needed to be alert and accurate in his classification of symptoms. The meningeal symptoms will deceive the physician unless he makes a careful examination of the lungs.

Considered that when the disease reached the anæmic condition presenting the meningeal symptoms that Cina met those symptoms better than any other remedy.

Cited a case which had a course of more than six weeks in length. The child was given up when Dr. Hedges was called to take charge of the case. He asked Dr. Delamater to see the patient with him. They visited the patient, put the child on Cina, and cured the case. Nourishing food and good care supported the treatment.

Dr. Duncan said that this disease (lobular or bronchial pneumonia) was more prevalent in March than at any other time in the year.

Dr. Cross thought there was a difference of opinion in regard to Bryonia, and many physicians approved of Phosphorus in this disease.

Dr. Duncan had received but little benefit from Phosphorus in this form of pneumonia, in croupous pneumonia Phosphorus did well.

Diseases of women is the next bureau to report May 5th. Interesting or obscure cases will be received for discussion.
On motion the meeting adjourned.

E. CROSS, *Sec'y.*

U of M

HOT SPRINGS, ARK.

Having been frequently requested, by different members of the profession, is my excuse for this condensed article.

Hot Springs, Ark., is situated in the Ozark Mountains, 400 miles south of St. Louis. The latitude being about 25 miles south of Huntsville, Ala. The mountains are covered with pitch pine. The streams are clear and swift. Pure mountain air. Elevation about 1500 feet.

There are 60 Hot Springs on less than five acres of land; some are 100 feet up on the mountain side, others at its foot. They vary in temperature from 95° to 160° F.

Elegant bath houses in abundance. Hotel and boarding house accommodations ample and first class. Street railway, gas company, telephone exchange.

Our town is rapidly improving. Titles for land are now, for the first time, being obtained from the Government.

Permanent improvements are going up on every hand.

Conditions and diseases benefited here. All chronic and sub-acute diseases that depend on a condition (cachexy) of the blood, as most chronic, and a fair per cent. of sub-acute diseases do.

Some of the most prominent are rheumatism, gout, paralysis, scrofula, neuralgia, catarrh in all forms, syphilis, acquired or hereditary. Diseases of the kidney and bladder. All forms of skin disease, especially eczema, sick headache, nervous disorders. All female troubles, especially catarrh of the uterus, which is more common than is generally recognized, many cases treated for ulceration being catarrh of that organ. Many ladies seek this resort every year, and find relief.

The time necessary to remain to receive the benefits of the hot springs varies from four to twelve weeks; complicated cases longer.

Analysis of the waters of Hot Springs, Arkansas. To the gallon 8½ grains mineral constituents.

To the 100 parts as follows, viz: Silic acid, 24.74. Sisqui

Oxide of Iron, 1.13. Alumina, 5.15. Lime, 28.83. Magnesia, .73. Chlorine, .71. Carbonic acid, 21.86. Organic matter, 8.31. Water, 1.72, Sulphuric acid, 4.40. Potash, 1.40. Soda, 2.10. Iodine and Bromine, a trace. Total, 100.08.

Baths from \$4 to \$10 for 21. Hotel accommodations ample. Prices for board from \$5 to \$25 per week.

L. S. ORDWAY.

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MILK IN FEVERS.

Lest some of the younger members of the profession may be led to discount milk in fevers, *without a trial*, I must record the results of my experience as in favor of its use. I have given it in all forms and types of fever freely, for more than twenty years and have never seen it raise the temperature. It is useless to argue against facts. Will the profession generally give us the results of the use of milk in fevers, so far as they have tried?

A. P. MACOMBER.

Silicea as an Anodyne in Cancer.—Dr. J. H. Battyé again claims, in the *Lancet*, January, 1881, p. 122, a high place in the treatment of cancer for *Silicea*. Dr. Battyé has previously brought the remedy before the profession in the *Lancet*, May, 1880, pp. 696-742. On Dec. 5, 1880, Mrs. S. who had suffered for months from malignant disease of the womb, came under Dr. Battyé's care. Her condition was one of great mental distress and bodily anguish. She had had no sleep of more than ten minutes' duration for three weeks, and was never free of pain when awake. One grain of *Silicea*, in the form of lozenge, was given three times a day. On November 8th the pain was much less, and she slept for twenty minutes at a time. On Nov. 11th she was moving about the house, comparatively cheerful, and able to read with enjoyment. The pain was quite "bearable" and not constant. The sleep was fairly good. The report on Nov. 20th was to the effect that there was no real pain, only an uncomfortable feeling about the lower part of the body. [*Silicea* is a borrowed Homœopathic remedy of value.—Ed.]

Surgical Department.

SURGICAL CASES.

BY WM. R. CHILDS, M. D., PITTSBURGH.

With your permission, I propose giving your readers an account of some cases treated during my term of service on the Surgical Staff of the Homœopathic Medical and Surgical Hospital and Dispensary of Pittsburgh, from October 1st, 1879, to January 1st, 1880. During these three months there were under treatment in this department of the hospital, fifty-four cases; two of these cases resulting fatally.

RAILROAD INJURY.

E. C. ; aged fifty-two years ; expressman ; admitted September 27th. While attempting to drive over a railroad crossing when a locomotive was approaching, his wagon was struck and he was thrown under the wheels of the engine. Upon examination I found a fracture of the right clavicle ; a compound comminuted fracture of the right ulna and radius, with dislocation of the head of the ulna ; the sternal attachments of the ribs on the right side, from the fourth rib downwards, were broken loose, so that the costal cartilages lay on the anterior portion of the sternum ; the acromion process of the left scapula was fractured, together with the humerus, ulna, and radius of the left side. The man had likewise sustained numerous contusions and abrasions.

Assisted by the hospital staff, the patient being under the influence of an anæsthetic, I amputated the right arm at the lower third, making antero-posterior flaps. After dressing the stump, we proceeded to adjust the fractures, dress the injuries to the soft parts, and apply the necessary bandages.

The patient was given *Arnica 1x*, in water, and as nour-

ishment milk-punch and beef-tea. September 28th. He passed a comparatively comfortable night, and was cheerful during the day. At 9 P. M. he began to sink, and died at 3:30 A. M., on the 29th, thirty-five hours after the injury.

CARIES TARSI.

C. K.; age seven years; of German parentage; admitted September 19th. This patient not improving under medicinal treatment, on October 23d, after consultation with the staff, it was decided that an operation was necessary. After administering an anæsthetic, an L shaped incision was made on the outside of the right foot, extending from behind the external malleolus downward and forward to the cuboid articulation. A sequestrum was found, consisting of almost the entire portion of the os calcis; this was removed, and the shell of bone remaining was smoothed off with a burr run by a dental engine. The hæmorrhage was controlled; the wound thoroughly washed out with Carbolyzed water; Balsam of Peru applied locally; the cavity loosely packed with oakum; and the foot properly bandaged. Arnica 1x, was administered internally.

October 24th. The patient rested well since the operation. The wound was redressed and Silicea 3x, given every three hours.

October 26th. The wound is doing well, laudable pus being discharged. The nurse was directed to dress the wound twice daily, with Carbolyzed oil, and to give Silicea 6x, every three hours.

November 4th. He has had a chill; pulse 120, irregular; temperature 102°. Chininum ars. 3x, every three hours.

November 5th. Wound discharging profusely; pulse 120; temperature 101°. Treatment continued.

November 10th. Improving. Small abscesses formed on the outer side of the foot and lower part of the leg, were discharging. Poultices were ordered, and Sulph. 30x, which he had been taking, continued.

February 26th. Discharged improved.

DISLOCATION OF THE KNEE.

W. M.; aged twenty-five years; mason; admitted Oct. 17th. This man was employed at the Edgar Thomson Steel Works. He was engaged in building a stack for one of the furnaces. This morning, while being hoisted in a tub in the inside of the stack, and when at the height of twenty-five feet, the rope broke and he fell to the ground. He was immediately sent to the hospital. On examination, the left leg was found to be dislocated at the knee, the tibia projecting upward and lying on the anterior surface of the femur, the condyles in the popliteal space; the patella could be moved in all directions; the leg was straight and one inch and three-quarters shorter than its fellow. The method employed for the reduction was counter-extension and depression of the thigh—a stout band was applied around the limb below the condyles, by which the tibia was lifted from its locked position—while at the same time extension and flexion were made, and finally extension of the whole limb brought the parts into their proper position. A posterior splint was applied. An incised wound located on the crest of the tibia, caused by violent contact with the chimb of the tub, was dressed.

October 21st. The splint was removed and the limb bathed with warm water and a solution of Arnica. The leg looks well, but the foot feels slightly numb.

October 30th. The leg has been dressed every day, and after the eighth day passive motion of the joint was made. The wound on the crest of the tibia began to suppurate on the ninth day, and poultices were applied. The bone had been denuded of periosteum in the region of the wound and was very painful. Silicea 6x was administered internally.

November 18th. Abscess forming above the wound. Hepar sul. 3x every three hours.

November 20th. Abscess opened. A [second one has formed, and is discharging, below the original wound. Hepar sul. continued.

December 1st. Since the last date the two openings over

the crest of the tibia were united by free incisions through the intervening tissues. There was an excess of granulations and Nitrate of Silver was applied. Silicea 30x, twice daily. From this time there was gradual improvement in all respects, and during the early part of February he was discharged cured.

A BURN FROM A HOT IRON BAR.

J. P.; aged thirty-five years; helper in steel works; admitted Oct. 21st. This patient, while engaged in shifting a steel casting, was struck by a "wild" hot bar. He was knocked down and the bar ran across the posterior portion of the left leg, burning an extent of surface from the middle of the thigh downwards, and involving the whole of the popliteal space and upper portion of the calf of the leg. The accident occurred four days ago; now a large, thick slough has formed, nine inches in length. Carbolized oil was applied twice daily. Arsen. alb. 6x every four hours.

October 25th. Slough loosening. Charcoal poultices were applied and the internal treatment continued.

October 30th. Slough completely detached. Carbolized oil dressing applied. The case continued to improve, but as there was some contraction of the ham-string tendons, passive motion was employed daily.

December 8th. Discharged cured.

COMPOUND COMMINUTED FRACTURE OF THE TIBIA.

H. L.; aged fifty-nine years; coal miner; admitted October 26th. This man was caught under a mass of falling slate, while working in the mine, the day before his admission to the hospital. On making an examination of the injured leg, a compound comminuted fracture of the right tibia was found; the injury being located about three inches below the head of the bone, while the opening in the soft parts extended obliquely across the crest of the tibia, two inches in length. On probing the wound several small pieces of bone were found detached, and were removed. The

limb was placed in a fracture box and the wound dressed with Cosmoline cerate. Arnica 3x, every two hours.

October 31st. Had a chill at 9 A. M.; dyspnœa; loss of appetite. Chininum ars. 3x, every two hours.

November 1st. M. Temp. 102 3-5; pulse 89. E. T., 99; pulse 68. Treatment continued.

November 6th. The patient has been doing well since the last report. The wound is discharging freely. Treatment, Silicea 6x, every three hours.

November 20th. General health good. The ends of the bones being continuously bathed in pus, in consequence of the suppurative process, which is still present, no signs of union are shown.

November 23. On consultation with Dr. J. H. McClelland, it was decided to apply an outside splint, with a large fenestra opposite the seat of the fracture, and to maintain extension and counter extension by means of adhesive straps; the opening in the splint gave an opportunity to examine the whole circumference of the leg. Pus had burrowed through to the outer side of the leg. Directions were given that the wound should be syringed twice daily with Carbolized water. Silicea 30x, was given every three hours, and continued till Dec. 10th. At this date no signs of union having taken place, the wound was enlarged over the inner side of the tibia, the patient being under the influence of an anæsthetic, and a portion of both ends of the bone removed by the forceps. The operation was performed under the influence of the Carbolized spray. The splint was not removed.

I forgot to mention one peculiarity of this case, The seat of fracture was just below the insertion of the sartorius muscle, and, contrary to the general rule, the upper fragment was depressed—instead of being elevated and turned upwards—which necessitated the swinging of the upper fragment. This was accomplished by the following means: a right-angled splint, four inches wide, with one arm nine inches and the other seven inches in length, was applied by passing the long arm under the upper fragment, and fastening it to

the outside splint; the short arm extending up on the inner side of the leg. A stout piece of bandage was fastened on the outer surface of this right angled splint, brought up over the top of the inside arm, then down under the fragment and up on the outer side of the leg, and finally fastened to the outside splint; by drawing on this bandage the fragment could be elevated as much as was desired. When the proper position was obtained, the wound was packed with oakum.

From this time improvement began. On Dec. 19th the wound was dressed with Balsam of Peru, and covered with lint. Silicea 30x, continued.

December 27th. Removed a spicula of bone. Callus had been thrown out, and the space between the fragments was filling up.

December 30th. A second spicula of bone was removed.

January 1st. Dr. C. P. Seip takes charge of the surgical department of the hospital.

April 3d. I find, on consulting the record of this case, that there has been steady improvement, and to-day the patient was discharged well. There was no shortening of the limb.

LACERATED WOUND OF THE FOOT.

M. A.; aged twenty-eight years; mill hand; admitted Nov. 3d, 1879. This patient had been injured at one of our iron mills, by attempting to start a fly wheel of one of the engines with his right foot; the wheel made a sudden revolution, striking it with one of the spokes. The foot was very much mutilated, the skin being peeled off from the entire dorsal surface; the great toe was crushed and the connecting portion of the corresponding metatarsal bone, together with the second and third toes. The parts were removed, the operation being followed by a severe hæmorrhag., which required the application of eight ligatures before it was controlled. No flaps could be formed, since there was no integument left on the dorsum of the foot, and

the operation did not admit of any from below. The edges of the wound were trimmed, lint saturated with Carbolized oil applied, and the whole covered with antiseptic gauze. Arnica was administered internally every two hours. The patient did well until the tenth day, when suppuration being profuse and the wound presenting an unhealthy appearance, hot flax-seed poultices were applied, and these renewed every four hours; the parts were bathed each time with Carbolized water. Hepar sul. 6, was given internally. On the seventeenth day all the ligatures had come away, the poultices were discontinued, and we returned to Carbolized dressings.

December 4th. The patient had a chill to-day, at noon, followed by fever and drowsiness; at 6 P. M. hot poultices were applied, and Acon. 1, given every hour. At 9 P. M. delirium; temperature 104 1-5; pulse 120; Acon. every half hour.

December 5th. 8 A. M., temperature 100°; pulse 100. Continued the poultices, enveloping the whole foot. Foot hot and painful, the pains running towards the knee. 5 P. M., temperature 102°; pulse 112. Ver. vir.ø two drops, in water, every half hour. 8:30 P. M., temperature 104 1-5°; pulse 112. The patient was stupid, and there was an erysipelatous look about the wound. The foot and limb were bathed in hot Carbolized water, and poultices applied every hour. 12 P. M., temperature 102 3-4°; pulse 90.

December 6th. 7:30 A. M., temperature 100 3-5°; pulse 90; medicine given every two hours. 12:30 P. M., temperature 90°; pulse 100. As there had not been any movement of the bowels for four days, a flax-seed enema was given, followed by relief. 10:30 P. M., temperature 99 4-5; pulse 76.

December 7th. 8 A. M., temperature 99°; pulse 76; wound looking better. 9 P. M., temperature and pulse as before; medicine discontinued.

December 8th. Improvement. From this time healthy granulations started up, covering the dorsum of the foot from the edge towards the center.

This continued till December 27th, when the granulations

becoming excessive, Nitrate of Silver was applied externally. Improvement continued till January 19th, when he had an attack of diphtheria, the membrane showing itself on the tonsils, and there were indications of it on the wound. He was at this time under the care of my successor, Dr. Seip. Merc. cyan. 3x, followed by Kali. bi., removed the disease.

January 21st. The patient was discharged, having complete use of the foot and the surface entirely covered.

SELF-CASTRATION.

F. L.; aged twenty-three years; express driver; admitted November 7th. He was found to be bleeding profusely from the scrotum, and gave the following history: Became an onanist at sixteen years of age. At twenty-one years of age, becoming alarmed at his condition, he began to consult various charlatans, who made a dishonest living by means of promises which they cannot fulfill. These failing to give relief, he consulted, about six months ago, a well known electrician, who made use of the cold catheter, electricity, and other means of treatment. Finally, all treatment failing, he advised castration as a last resort. As he was unwilling, however, to assume all the responsibility of such a procedure, he called in two of our leading Old School physicians to see the young man. When they learned the history of the case they declined to have anything to do with it. The proposed operation was explained in all its details, by the former physician, and he was then dismissed. On the morning of his admission to the hospital, he had gone into the garret of the house where his parents lived, and seating himself on the floor, he proceeded to make a solution of continuity along the right side of the scrotum, with a razor. He passed a black-silk thread around the cord and vessels, tied the ligature and amputated the testicle. After resting five minutes, he proceeded in the same manner on the left side.

I found the ligatures were insecurely tied, so I reapplied them higher up and amputated the stumps. The wound

was left open and dressed with Calendula in solution. The ligatures came away on the eighth day. He was discharged on December 3d, and directed to report at my office.

December 16th. He reports at the office and states that the sleep of the early morning is disturbed by violent erections.

January 11th. He complains of the emissions which still occur, and regrets his rash step. Says that he feels the same lascivious desires and inclinations upon the sight of a woman's leg, and the pictures of half-clothed actresses on the bulletin-boards, as before the castration.

March 21st. Patient says that he weighed in February, eight pounds more than he had ever done, but that he had lost the increase since going to work in a nut and bolt factory.

Meeting him during the month of May, he has only the same story of misery and regret to repeat.

CONGENITAL PHIMOSIS: SYPHILIS.

W. H.; aged twenty-five years; machinist; admitted as a private patient, November 13th. The patient has congenital phimosis, and about ten days ago had impure connection. At the present date there is swelling in the left groin, with extensive swellings of the prepuce. He was placed under an anæsthetic, and the prepuce slit along the dorsal surface of the glans penis. Two stitches were inserted on each side, and the wound dressed with Carbolyzed oil. The chancre which was present, was cut out entire. Merc. sol. Han. third trit. was given internally, and its use continued till the end of the treatment. The swelling in the groin was reabsorbed. The patient was discharged from the hospital on the 29th. He reported at the office every week until January 1st, when there was no further indication for medical treatment, and he was finally discharged.

Consultation Department.

ANSWER TO TOMKIN'S CASE.

In March number, page 301, L. B. Tompkins case. Would give Opium high (200) and low (2x) alternately every eight hours for three days, and have patient quit studying. Wait action of remedy ten days, and again note symptoms carefully. L. P. B.

ANSWER TO CASE.

Case for counsel, asked by L. B. Tompkins, in *THE UNITED STATES MEDICAL INVESTIGATOR*, March 15th, 1881. Baryta c. and Zincum met. would seem to be indicated, from all I can gather from the reports of the case. I think there is something in the history of the habits of the subject of his case, that would throw much light upon the case, and enable one to make a definite prognosis.

E. L. Roberts.

THUMB SUCKING.

Will you please say in *THE INVESTIGATOR* what, if any, injury results from an infant sucking its thumb. I see nothing about it in "Infants and children."

W. W. BIRD.

[You will find this subject discussed in "Feeding and Management of Infants and Children" p. 410. Thumb-sucking usually results in a chronic gastric catarrh and sometimes a marked deformity of the member. The gastric trouble however is the most serious.]

ANSWER TO X. L.'S CASE.

In answer to X. L. in *THE UNITED STATES MEDICAL INVESTIGATOR*, March 15th 1881. I would call attention to Conium and Coloc. for the acidity of stomach and constipation as well as ulceration. Sepia for menstrual trouble, and Tarentula for the induration of the uterus. Should X. L. still have the case in charge, and see fit to choose any of the remedies I have suggested, he will confer a favor by reporting success.

E. L. ROBERTS.

CASE FOR COUNSEL.

Case for counsel. Mrs. M—, aged thirty-five, blond, married, had typhoid fever during August and September 1880, had Homœopathic

treatment. recovered after forty days sickness, now as sequela has perforation of the septum narium.

The perforation has nearly destroyed the cartilage, has shooting pains and exudes a sticky, gluey substance, bland to the mucous surface except the raw parts, have given Merc., Kali bich., and hyd.

L. P. B.

ANSWERS TO CASES.

1. Dr. L's. case ought to do well under *Phytolacca*.
2. Dr. X. L. will find his case well matched by *Robinia pseudoacacia*. Put away "medicated ley" of all kinds—(pun here.)
3. To Dr. Young, same exhortation—and give *Ars. 200*, two doses, every second day, six doses in all, then *Sac lac*. It agrees with winter aggravation; itching, worse when undressing; burning after scratching.
4. Dr. L. B. Tompkins owes advisers more "points" for so grave a case. "Susceptible to changes of temperature"—of what kind? What is his state of flesh? Are there delusions? melancholy? morbid propensities? And so on. The chills and lethargy suggests *Arsen.* the duty negligence, *Sulph.* but there must be some more "symptoms" to decide. *Phos. ac.* is also to be considered.
5. For "prairie itch," and other difficult cutaneous cases, do not forget *Psorin*, especially if *Sulphur* be "indicated," and fail. J. C. M.

OVARIAN TROUBLE.

I wish to ask advice concerning a very difficult and obstinate case. The patient is a lady of the most reputable, moral, religious, refined, highly cultivated, and high intellectual character, married and has had five children, the youngest twelve years old. She is fifty-one years old, dark brown hair, hazel eyes, five foot two inches in height, spare, a partial brunette, and weighs 130 pounds, very ambitious, and nervous. Health poor since she was twenty years old. It was hard for her to bear children, and took weeks and sometimes months to regain her health after childbirth. She has constipation, blind piles, prolapsus uteri, ulceration of the vagina and cervix uteri, leucorrhœa, and occasionally slightly ovaritis, a torpid liver, cough and tuberculosis. For years she was under Allopathic treatment and derived but little benefit.

After coming under Homœopathic treatment, she has been very greatly benefitted, so much so, that she is not now troubled with any of her old complaints except her cough and ovarian

troubles. For the last six years she has been passing through her critical period, and for two years, has not had any menstrual show, but at the proper time has frequently had monthly symptoms. About one year ago she over-exercised by walking one mile and three quarters, which she was not accustomed to do, and became very weary and warm, and afterwards took a little cold, and in forty-eight hours after she was a very sick person. She was taken with quite severe cutting pains in the lower part of the abdomen and in the right ovarian region, which increased in severity for six or eight hours, and then to gradually disappear. In the ovarian region on the right side there appeared a swelling about the size of a man's thumb ball, quite hard, and yet tender to touch, here was the principle pain. When the pain was the worst she was almost frantic and she could not lie still in bed, nor sit up, but must be on the constant move to get relief. Her temperature was below health, pulse from 70 to 80 per minute, weak and thread-like or nervous, her countenance very pale and haggard, the extremities very cold. And when the pains become very severe, she gets sick at stomach and retches and vomits considerable, and is troubled with a great deal of gas or wind in the stomach and bowels, and it comes up occasionally. Her first spell lasted all day in severity, and she was sick one week before she could get around again as usual. Since the first spell, she has had them about every month, at the monthly crisis, or sometimes oftener. These are the principle symptoms of all her bad spells, sometimes the pain radiates to the left ovary, or up to the stomach, or right hypochondria, or down to the hip, the pains are sharp and cutting. Since having her first attack, these spells come on, by over-exercise, great excitement of the mind, fear, anger, sorrow, or eating anything that does not agree with the stomach, her digestive organs are weak. She has not had any sexual congress with her husband for a year, because that will bring on her spells, her generative organs are so sensitive that a medical examination brings the pains on. She has a chronic cough, dry and hard, and coughs every night on retiring, and in the morning on rising, and her coughing spells last from ten to thirty minutes, coughs some through the day, when she feels best she coughs the least, coughing frequently hurts her in the right ovarian region, where it is sore and some swollen constantly, coughs the worst when she feels the worst. She is very careful in her diet, in dress, and in all her habits, she uses no tea, coffee, cake, pie, preserves, spices, pork or lard, her diet is good bread, butter, potatoes, beef steak, graham mush, corn meal

mush, new milk, and sometimes fruits. She retires at 8:30 P. M., and rises at 5 A. M. and sleeps in a large well ventilated room. She takes daily cold sponge baths carefully and tries hard to observe all the laws of health possible. Her appetite is fair, but not strong, she generally sleeps well at night. She is a business lady and very ambitious, and her business (clerk) causes her to stand a good deal, and walk one block three times a day. She thinks she cannot remain still long enough to be cured, if it takes more than a week, but in a day or two after her sick spell she is up and about her daily occupation again.

Treatment, in her bad spells, I have had her take warm sitz baths, warm water enemata, hot applications across her abdomen, and have given her internal remedies in low potency, such as seemed most indicated in her case, and repeated the remedies every fifteen, twenty, thirty, or sixty minutes according to necessity of the case. I have used Acon. Bell. Bry. Coloc. Cocculus. Cham. Gels. Igna. Ipecac. Nux v. Verat alb. and Zinc val. I have been obliged to use two or three remedies in alternation, in her bad spells, to give her relief.

For her chronic troubles I have given her Apis 3x, Arsen. 3x, Baryta c. 3x, Bell. 3x, Coccul. 3x, Fer. iod. 3x, Igna. 3x, Kali iod. 3x, Lilla. tig. 3x, Merc. iod. 3x, Macrot. 3x, Petrol. 3x, Fer. et. strych. 3x, Silic. 6x, Sulph. 3x, Valerianate of Zinc. 3x. I have used one remedy three or four times a day, or two remedies alternately as were needed to make a permanent cure. This patient has been benefitted by these remedies, but a cure seems to be a hard thing to accomplish, and I tell her, it is because she is too ambitious, and too active. I am now giving her one grain twice a day of Merc. iod. 3x, and every other day an electric treatment, treating the whole length of her spine fifteen minutes, and then the abdomen and genital organs fifteen minutes each time. Now I would be very much obliged to get the medical advice of more than one Homœopath M. D. in this case; for it is a very important one, and I have had good counsel on it, besides using Dr. Ludlam's work, and Dr. Baehr's work for careful reference. Please name the treatment, remedy, potency, frequency, diet, and conditions the patient should occupy while under treatment, and very much oblige.

H. S. KNOWLES.

Children's Department.

TYPHOID FEVER IN CHILDREN.

BY J. SIMON, M. D., PARIS.

(Translated from *Le Progres Medical*, Nos. 2, 3, 5, 7, 8, and 9, by T. M. Strong, M. D., Allegheny, Pa.)

GENTLEMEN: If the symptoms of typhoid fever in the adult, at least in the early stages, are often obscure and indefinite, you can easily imagine how uncertain may be the manifestations of this disease during its first stages, especially when occurring in infancy.

Although it frequently occurs in children who are over five years of age, it can be taken even here for a meningitis, acute phthisis, pneumonia, or even tubercular peritonitis. I will show you how these different affections may be mistaken for each other. It has been said that infants are attacked with the same diseases as the adults, and in a nosographical point of view this is true, but in a clinical one this assertion must be modified, since the child does not display as complete a symptomatology. It manifests marked reactions upon one organ and lighter ones upon another. In the beginning of the fever where it is important to obtain information upon the condition of the mind, the sleep and dreams, we receive but vague replies even on the part of the parents themselves. I shall endeavor to draw a parallel between typhoid fever as it occurs in adults and in infants, in whom fortunately the progress is not so unfavorable.

Pathological Anatomy.—The intestinal lesions in the adult are well known, but we reproduce them briefly for the purpose of comparison. We find, then, the lesions of Peyer's glands more pronounced the nearer we come to the ileo-cæcal valve. They present themselves under two distinct aspects; these lesions are constituted, at first, by an inflammation and an infiltration which gives to the gland a hard or soft consistency according to the amount of infiltrated matter; hence the names of hard or softened glands. The hard glands, in which the circulation is impeded, are soon affected with ischæmia and mortification; they ulcerate very rapidly, while the soft ones take on a sphacelated state in a tardy and uncertain manner. At times the spots of infiltration are irregularly formed, and the patch presents an areolar surface,

Again, the centre of infiltration exists in the mucous membrane, in the glands composing it, and in the sub-mucous tissue, it may even attack the circumference of the patches and the muscular tissue. Under the microscope it is found to be constituted of large, multi-nuclear cells. Their point of departure is the lymphatic cells, the connective tissue cells, and by a retrograde metamorphosis passing into a granular and fatty detritus; if the centre is small it may be absorbed, if it can be condensed it dies and bears away with it the gangrene of the glands which it has infiltrated. Thence another phase of the lesion of the glands called ulceration. These lesions also attack the isolated glands.

In the infant the picture is very different; we seldom find the products of infiltration accumulated sufficient to give to the agminated glands the character of a hard patch. During the first week, Peyer's patches are red, tumefied, soft. Section shows the injection and softening of the mucous membrane, while the sub-mucous tissue does not appear to be attacked even by a vascular injection. The isolated follicles are also red, and soft, not only in the whole extent of the small intestine, but a fact worthy of notice the large intestine also. Pressure upon the isolated follicles, as well as upon the agminated follicles, causes the exudation of a yellow liquid, composed of mucus, epithelial products and typhus matters, which may be recognized in very small quantity in the agminated glands, by means of the microscope. The patches are then simply inflamed, softened; they are soft patches. The cells of infiltration are not united into an obliterating mass, but are disseminated and not apparent to the naked eye. This peculiarity will explain to us the rarity of ulceration in the typhoid fever of infants.

At a more advanced period, from the tenth day until the end of the third week, the patches become more velvety, glossy, and less swollen, but they are redder and more injected. From this time they sink down, become discolored, preserve sometimes an areolar appearance, but recover their normal consistency. The reticulated arrangement which we serve at this period, as also in the beginning and course of the disease, indicates an unequal division of the congestive circulation and cellular infiltrations.

The hard patches are almost never found. In certain cases, very rare however, the soft or slightly infiltrated patches are broken into ulcerations. Lesions to the number of two or six, never over fifteen

are then found, but they are of small dimensions, seldom exceeding a lentil in size, and more numerous the nearer they are to the cœcum; exceptionably we encounter several upon the same patch. In these cases of ulceration, the sub-mucous tissue is congested and infiltrated with a typhus deposit more or less visible to the naked eye. More rarely yet these lesions, the infiltration and ulcerations, attack the muscular lesions and the peritoneum. Rilliet and Barthez have only once observed an intestinal perforation. I believe with these authors that there exists a certain agreement between the number and extent of the ulcerations and the age of the children. The younger the child the smaller and less frequent the ulcerations. When ulceration takes place it always appears at a later date than in the adult. It rarely attacks isolated follicles in one case, however, it was seen in the isolated glands of the large intestine. We often find in the intestines of infants dying from typhoid fever, the *ascaris lumbricoides* and the *trichocephalus*; the first in the small intestine, the latter in the cœcum.

The absence of the hard patches and the excessive rarity of ulceration give rise to an important clinical consequence. It consists in the fact that as a result of these conditions intestinal hæmorrhages and the perforation of the tunics of the intestines are very rare events. In such an event the autopsy alone settles the question. I have seen a little girl who presented all the alarming symptoms which we usually attribute to a peritonitis by propagation. The belly was very much distended, and interfered with the functions of the diaphragm; there was constant vomiting which had continued during fifteen days, and complaints of severe pains in the abdomen. She was perfectly cured. It was a neuropathic attack of peritonitis.

Mesenteric glands. These are tumefied and congested; sometimes they are softened. Ordinarily these lesions agree with those in the intestines, but we also find the mesenteric glands lightly congested, without any softening, in cases where marked intestinal ulcerations exist. We have then individual predispositions which manifest themselves in the mesentery as in other parts of the body, as for example in the cervical region. The spleen which is always hypertrophied in the adult, is in the infant frequently exempt from alterations. We can sometimes notice an increase and a softening of this organ but not a condition of an invariable lesion. The liver is also found larger than in the normal state.

Typhoid fever presents then in the infants, lesions in Peyer's glands, the isolated and mesenteric glands, the spleen and liver, upon all the glands of the hæmatopoetica system, but with this difference that the neoplastic deposition of cells and nuclei which in the adult are scattered through all the organs, are in infants less noticeable and fewer. Hard patches are exceptional, soft ones only being encountered, which rarely ulcerate, and that only at a later period than in adults, finally congestion and softening of the liver and spleen are far from being constant. We may say, in fact, that ordinarily the characteristic lesions of typhoid fever are but roughly sketched. The blood is more fluid and exudes through the internal membrane of the vessels and endo-cardium. It contains less fibrine, red globules, solid matter and albumen, and more white globules. It is less rich in oxygen but heavily charged with carbonic acid. These varied modifications agree with the gravity of the case in the infant as in the adult.

The lungs are always the seat of a double passive congestion, in different degrees and accompanied with atelectasis most pronounced in the lower portion of both lungs; this congestive state extends into the lobes and pulmonary lobules of the upper and middle portions of the lungs, in which we sometimes find a partial hepatization disposed in centres of inflammation through the lungs, which characterize broncho-pneumonia, a frequent complication of typhoid fever in infants.

We find in the nervous centres, brain and meninges, traces of a more or less active congestion. The pia mater and cerebral substance are of a rosy red color; the latter presents on section bloody points, and the superficial and deep vessels are gorged with blood. There is not a great quantity of serosity in the ventricles, but the cerebral mass is at times larger and heavier, as if œdematous. The kidneys are often the seat of a manifest congestion and at times of a nephritis more or less severe. I have observed many cases of interstitial nephritis, which have, however, been cured.

This congestive predisposition of the respiratory tract and the encephalic mass should lead us to be very careful in the treatment of typhoid fever in infants. It is this which has led me to renounce entirely cold immersion in the treatment.

We should not forget that pulmonary and cerebral congestions are much more frequent in the infant than in the adult. The voluntary muscles are sometimes altered by a fatty degeneration especially in

severe cases of long duration. They are more particularly the muscles of the abdomen and the limbs which are attacked by this lesion.

Period of Reparation.—The rarity of hardened glands and ulcerations deceived the earlier investigators who studied the pathological anatomy of infants. Finding Peyer's glands undergoing a process of resolution, and with the mucous membrane intact, they asserted the complete restoration of this membrane. We know to-day that, in the greater number of cases, thanks to the absence of condensation of the typhus deposit, it is not attacked with ulceration. Perfect resolution and a return to the normal state succeeds to the inflammation.

In rare cases in which small intestinal ulcerations are produced, cicatrization takes place very rapidly; it is complete at the end of a month. The cicatrix is thin, shining, and does not cause any contraction in the calibre of the intestine. The mesenteric glands undergo at the same time the process of resolution by which they return to their normal, and sometimes even to a smaller, volume.

Symptoms.—The infant like the adult presents for a week or more a series of symptoms which bear witness to a diminution of vitality. Its countenance is less joyous, its look less mobile, more grave. It does not sleep quiet but turns frequently in bed, tormented by dreams and night-mares. The appetite diminishes, constipation is present in three-fourths of the cases—a fact worthy of notice—and often vomiting (one-half of the cases) which disappears at the end of twenty-four to forty-eight hours, not having the spontaneity and persistence of the vomiting in meningitis. The urine is scanty and heavily charged. In some cases I have seen these attacks of vomiting persist not only one or two days but for a week, reappearing as easily and as brusquely as the vomiting provoked by meningitis in its beginning. The child wishes to lie down, to be by itself or to sleep during the day. In the evening the palms of the hands are hot, the skin dry, and there is a desire to drink. This febrile state increases in the evening to 102° or 104°, and falls in the morning to about 100°. Neither the parents nor the physician are inclined at the onset, to consider the child as positively ill. In the morning it becomes gayer and more animated and there may be a desire to eat, symptoms which banish at the moment every idea of a serious malady. Not only does the temperature of the morning approach very near to the normal proportions, but it may again occur in the evening after the nocturnal paroxysm. I have seen children attacked with the pro-

dromal phenomena of typhoid fever, who had towards midnight but a slight elevation of temperature, although five hours before the thermometer had registered 102.5°. This irregular oscillation, with the exception of the morning and evening variations exists only during the prodromal period. It is necessary to be warned of this. I have seen errors of diagnosis committed in the beginning of typhoid fever by physicians who relied only on a single sign for the establishment of their equation—an elevation of temperature. Now, say they, since the child examined at a late hour in the night, presents but a slight elevation of temperature, it is evident that it cannot be attacked, even in the beginning, by that febrile and thermic disease *par excellence*. On the morrow the symptoms are aggravated and again demonstrate, that in the beginning of typhoid fever, the nightly febrile aggravation can sometimes be almost wanting, and that it is necessary to rely upon a greater number of symptoms in determining an observation.

How many times have I seen children presenting for a space of eight days all the prodromata of typhoid fever. In the evening a febrile state, debility, loss of appetite, night restlessness; in the morning, a fall of temperature and an incomplete return to health. If we wished to rely upon the thermometer only, seeing it mount to 102° in the evening and descend to 100° in the morning, we might fear the appearance of a typhoid fever. But at the end of a few days the picture changes instantaneously, and a sweat more or less profuse terminates the scene.

These observations are not rare among children. Sometimes it concerns an unrecognized obstinate constipation, again it is a simple gastric derangement with hepatic congestion and bilious complication. In some cases it is a light inflammation of the pharynx; at other times it is a state of congestion and exhaustion of the nerve centres, a form of prostration which may easily deceive the observer. Sometimes infants who have been exposed to cold, are attacked with renal congestion, pass a thick muddy urine and present for eight to ten days a symptomatology identical with that which I have described, but at the end of a week everything returns to a normal state. It is necessary to be cautious and not attach, at least in the beginning, an unlimited importance to isolated symptoms.

At the end of six to eight days the disease presents the characteristics belonging to it, and appears under three principal aspects; sometimes it is benign; this is happily more frequent than in the

adult; at other times it is grave. The *benign form* may be either light or of medium intensity in form. In the first case there is a general depression of the strength without suppression of the phenomena of animal life. In the second case there is a complete picture of typhoid fever with abolition of the understanding, will, strength, the whole presenting a uniform progress, but without ever reaching a great violence. The functions of animal life have been interrupted but those of the organic life are not deeply affected. In the *grave form* on the contrary, the forces are not only broken and exhausted, the intelligence blighted, the senses dulled, but we also observe ataxia, adynamia, and putridity. All the chief functions of the economy are affected.

Light Benign Form.—In this variety, the picture of the disease is scarcely outlined, and it can only be distinguished by the course, and by eliminating the diseases which may resemble it. The little patients seem to be suffering from an attack of a simple febrile gastric derangement, with this difference that there exists peculiar nervous phenomena, and the slower progress precludes the idea of a gastric derangement supervened as a complication to this or that inflammatory affection. After a prodromal period of a few days of debility, we find the little patient complaining of a slight headache, restlessness at night, and especially of a more or less marked insomnia, but the understanding and the senses remain unaffected. Close examination reveals two particular signs: First, the tongue is red and brighter on the edges. We can not recognize in this the characteristics of the tongue of gastric derangements where it is large, flat, and covered at all points with a thick saburral coat.* Second, we notice an undoubted febrile movement, especially in the evening, of a paroxysmal character, carrying the temperature 1.5° higher than in the morning. These special symptoms are developed about the fifteenth to twentieth day, sometimes in less than two weeks, without the respiratory apparatus offering any true sonorous or moist rales, or there being any diarrhoea or lenticular spots clearly manifested.

In some cases it seems as if typhoid fever aborted completely. After four to five days of a prodromal stage, the symptoms assume a marked individuality, when all of a sudden, at the end of a week, for example, of a distinct disease manifestation, the febrile element disappears, and there remains only a slight debility and a great susceptibility of the bowels. These apparent cases of abortive typhoid

[*Gastric catarrh, but it does simulate acute gastritis.—T. C. D.]

fever form a link between the febrile gastric derangement, the simple continued fever and the typhoid fever.

There are finally a number of so-called cases of light typhoid fever which are nothing else than unrecognized inflammatory anginas, or gastric derangements complicated with increased secretion of bile, and remittent febrile aggravations, or even of renal congestion, with accumulation of salts in the urine, and a muddy discharge. I saw a little girl of two years of age who presented for a week the symptoms of an inexplicable febrile movement, which ceased at the end of eight days, after the expulsion of a urinary sand deposit and the smallest gravel. It was easy after this, to comprehend the remittent action of the attack, certain pains of the lower abdomen, and the marked agitation presented by this infant, too young to explain its condition with precision.

Benign Form of Medium Intensity.—At the end of a week of an unmarked prodroma, the child complains of frontal and occipital neuralgia; there is slight vertigo, listless look and distressed expression of the features; it sleeps only at intervals and never quietly; the understanding is lessened and the strength weakened. Instead of rising it wants to remain lying down. Its tongue is charged with a whitish saburral coat, with the edges and tip of a bright red color; it is prostrated slowly. The appetite is wanting and the thirst is intense. The belly moderately swollen, remains soft and not very painful. There is marked sensitiveness in the right side, and small rosy lenticular spots appear on the abdomen and base of the thorax. The stools at first scanty become suddenly liquid, bilious, and very fetid, sometimes following a purgative. The urine is scanty and charged with salts. In the half of the cases, tumefaction of the spleen is said to have been noticed, an exploration always difficult in infants. On auscultation the respiratory murmur seems harsh. At the end of a few days, we hear on both sides sibilant and blowing rales. The pulse increases in the evening to 140 or 150, and the thermometer placed in the axillary reaches on the third or fourth day of the confirmed disease $102\frac{1}{2}^{\circ}$ to 104° , with marked morning remissions.

During the fourth week, the patients attacked with somnolency or insomnia, may have delirium and anxious dreams, without the symptoms showing a grave state of the situation. At the end of fifteen to twenty days we have morning remissions more and more satisfactory, and the febrile state improves in the evening by a temperature of 100.8° and a pulse of 120 to 130. The stools are less liquid, fetid, and

frequent. The nights are more quiet, the tongue becomes cleaner and lighter colored and at the end of three or four weeks everything returns to the natural course. This is the picture of a normal course of typhoid fever with a regular evolution. Although weak the child soon regains its strength, if the attendants do not allow any error of diet. There are necessarily, intermediate degrees in this form, but we need not reproduce them all with exactitude.

(To be continued.)

Book Department.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

This is a substantial bound volume including the 16th annual session and contains some very useful articles that deserve a wider circulation than this volume will give them.

SYPHILIS AND MARRIAGE. BY A. FOURNIER, M. D. New York: D. Appleton & Co. Chicago: Duncan Bros. 8vo. pp. 251. \$2.00.

This work is a series of lectures delivered at the St. Louis Hospital, Paris, and translated by Dr. Morrow. This book will interest all who have syphilitic cases to advise either single or married. There is one fact the Homœopathic readers will discover that this writer makes syphilis a lifelong inheritance, and it often is; still the power of our remedies to prevent hereditary influence is well known. It is a subject of deep social and medical interest.

LECTURES UPON DISEASES OF THE RECTUM AND THE SURGERY OF THE LOWER BOWEL. BY W. H. VAN BUREN, M. D., LL. D. (Yale), Prof. of Surgery, Bellevue Hospital Medical College. New York: D. Appleton & Co. Chicago: Duncan Bros. 8vo. pp. 412. \$3.00.

This is a series of XII lectures revised for the second edition to which is added recent cases and views. The work is doubtless very complete, especially from a surgical point of view, but we have looked in vain for "slight cracks in the rectum" so often mistaken for pin worms even in adults. They are not fissures, as Dr. Ayres clearly pointed out in a paper read before the Western Academy.

Progress of the Medical Sciences.

Coca as a Therapeutic Agent.—Dr. Caldwell, of Baltimore, has been making some experiments on Coca as a therapeutic agent, which are recorded in the *Detroit Therap. Gazette*. He admits that the preparation of the leaves, which is known as "Coca erythroxlon" has manifested certain virtues in neuro-asthenia, hysteria, opium-habit, dipsomania, alcoholism, etc. In the author's opinion, Coca is a safe and reliable nerve-tonic, acting rapidly as a diffusive stimulant, leaving no unpleasant results. Dr. Caldwell also finds that it acts energetically as an aphrodisiac—an important fact that was not known before. Besides this, he claims for it universal application as a restorer of vital force, and an arrester of destructive metamorphosis. The preparations he has used are the tincture, elixir, and fluid extract; the dose of the latter is one tablespoonful, well diluted. The author has himself taken somewhat large doses, "producing," he says, "for half an hour or more, exhilarating influences on the brain much like that of Ether or Amyl nitrite." This, it appears, soon passes away, leaving the system in a state of quietude for several hours, without any special desire for more; it thus differs from other nerve stimulants. The author states that he has also administered it with some success in torpid digestion (one teaspoonful before dinner, and one at bedtime, in a glass of water), and in many cases of gastric debility, influenza, slight colds, and especially in irritable coughs and in consumptive patients, giving decided relief at night. Dr. Caldwell is, therefore, of opinion that it would prove useful in phthisis; but the editor of the *Monthly Mag. of Pharm.*, March, 1881, thinks that nothing can be known with certainty about its therapeutic action until its active principle, the alkaloid Cocain is more thoroughly investigated.

Chemical Aspect of Sudden Death by Chloroform.—Dr. Latham, in the *Lancet*, February, 1881, p. 216, explains, chemically, why death occurs so suddenly in some cases under the influence of Chloroform. Hoffman showed that, by means of Chloroform, the amides of the vital fluids are converted into isocyanides. If, then, in a person whose co-ordinating chemical centre is in a feeble state, blood, charged with Chloroform, pass from the lungs to the heart, and at once, though the coronary arteries come into contact with the muscular tissue, one constituent of the muscle will be decomposed, and the transformed tissue will no longer respond to the nervous stimulus but become a mere bag, into the right side of which the blood, from the pressure in the veins will flow and the patient will die with distended heart.

Medical News.

"That blank bill of yours is the best collector I ever had. It's a clincher and brings the cash."

Typhoid Fever in Children may be looked for about these times, and Simon's valuable article comes in very *apropos*.

Moses T. Runnels, M. D., of Indianapolis, has taken a prominent part in the sanitary reform in his city. The press accord him the honor of leading the movement.

The Annual Report of the Board of Health of Sacramento, is interesting reading. This board is made up of all Homœopaths. W. A. Hughes, M. D., president; L. J. Kellogg, M. D., A. G. Henry, M. D., G. Dart, M. D., and Geo. Pyburn, M. D., secretary.

The New York Ophthalmic Hospital.—Report for the month ending March 3, 1881: Number of prescriptions, 4,192; number of new patients, 650; number of patients resident in the hospital, 22; average daily attendance, 155; largest daily attendance, 231.

CHAS. DEADY, M. D., Resident Surgeon.

Obstacles in Spain.—A Spanish Cure has announced from the elevated pulpit, that all the sick of his parish, who have had recourse to Homœopathy, shall be, in case of death, deprived of religious burial. [This Cure did not know that the late Pope was treated by a Homœopath, perhaps.—Ed.]

Authorizing Physicians of Different Medical Schools to Meet in Consultation.—There is an act before the Pennsylvania legislature with the above title. It protects those meeting in counsel and if any society takes action on a member for so doing they shall be adjudged guilty of a misdemeanor, and fined not to exceed one hundred dollars. The world moves.

Sanitary Associations.—At the recent session of the American Public Health Association, it urged the organization of local sanitary Associations in all towns and cities. We see that their suggestions are being acted on with great promptness. We urge our readers to take an active part in these movements, and if possible move at once in the organization of such associations.

Rhus aromatica.—This new remedy is worthy of more attention. Prof. Edwin M. Hale, of Chicago, Ill., says: "I have used the *Rhus aromatica* in a few cases with good results, principally in catarrhal affections of the nasal passages and vagina, and find it almost a specific when used locally. Internally I have not used it much. It seems, however, to act well in chronic diarrhœa and dysentery."

Poor Doctors and Dead Beats.—These are not synonymous. Some well-to-do physicians won't pay their bills, while others think they can't. Neither will like their names among the "DEAD BEATS."

Physicians that must be drove to business and drove to pay their honest debts, never amount to much. It is the driving man the people like, respect, and pay—he owes no man anything. Medicine is a business that managed like a business, pays.

Stillwater.—The members of the Homœopathic Hospital Association held a meeting at Dr. W. H. Caine's office, when the feasibility of procuring a building for hospital purposes was thoroughly discussed, and a recommendation was made to the directors to procure a suitable one. A number of new cots were ordered, and several members admitted to the association. Dr. W. H. Caine, R. F. Pendergast, and the ladies of the Aid Society were appointed a soliciting committee. The trustees made the following appointments: Manager, W. H. Caine; house surgeon, Dr. W. H. Caine; house physician, Dr. Alex. Donald; oculist and aurlst, Dr. M. Edgerton; consulting surgeons, Dr. C. N. Dorion, St. Paul, and Dr. J. A. Steele, Minneapolis; consulting physicians, Dr. H. Hutchinson, St. Paul; Dr. O. M. Humphrey, Minneapolis.

Toronto Homœopathic Medical Association.—At a meeting of the registered Homœopathic physicians of Toronto, held at the residence of Dr. Kippax, it was unanimously resolved to organize a Homœopathic Medical Association, for the purpose of promoting the interests of Homœopathy and mutual improvement. Dr. J. R. Kippax was elected president; Dr. D. S. Oliphant, vice-president; Dr. J. Adams, secretary, and Dr. J. F. Danter, treasurer; Dr. John Hall, Dr. H. Evans, and Dr. W. H. Howitt were elected members. Dr. Logan, of Ottawa, Drs. Husband and Vernon, of Hamilton, Dr. Henderson, of Strathroy, Dr. Morden, of London, Dr. J. S. Mitchell, of Chicago, Dr. H. F. Biggar, of Cleveland, Drs. T. P. Wilson and H. C. Allen, of Ann Arbor, and Dr. J. J. Lancaster, of London, were elected honorary and corresponding members. The association is to meet the second Tuesday in every month except June, July, and August, at the residences of the members in rotation.

Quack Treatment of Consumption.—A noted advertising genius dubbed Dr. (Hunt-her) who has a great run on consumptive cases, is reported to give no medicine. His fort is inhalations, sending the medicine directly to the seat of the disease. One case who had hæmorrhage was put through these paces. On rising: (1). Embrocations to the chest with a liniment composed of Croton oil, Acetic acid, etc.; (2). A gargle; (3). Breakfast of beef, eggs, four or five cups of chocolate, potatoes, toast, and a quart and a third of milk. (4). Inhalant for fifteen minutes of some preparation; (5). A teaspoonful of medicine; (6). A troch and the nostrils swabbed out. Then he is ready for business. Following a hearty dinner with more milk and a glass of Burgundy wine comes the inhalant, the teaspoonful of medicine and troch. Supper is a hearty meal, with more milk, making four quarts a day, then comes the inhalant, the medicine and troch. He is not allowed tea or coffee, nor to wash himself with water, but is bathed in

Turpentine. The doctor said, he had severe stomach, trouble "all the coats of his stomach gone" notwithstanding he was thus overfed. He became very fat, and at the last accounts had another severe hæmorrhage.

Died.—Wisconsin has lost three prominent physicians, honorable members of the Homœopathic school. Dr. M. E. Page, of Appleton, well known to many of our readers as a genial, enthusiastic Homœopath. The cause of his death was meningitis as a result of an injury.

In a recent number we chronicled the severe illness of Dr. L. E. Ober, of La Crosse, from cancer of the stomach, and now we are informed of his death. Some years ago, Dr. O. was very ill with Bright's disease and was not expected to survive, but Ars. 200 held the disease in check. He quit work and spent a time in Europe and returned with a new lease of life. Whether it was a renewal of the nephritic trouble with its well known gastric symptoms or true cancer we are curious to learn. Dr. Sheperd, his successor and former partner can inform us. Dr. Ober was an active worker in our ranks and will be sadly missed.

Dr. A. B. Nichols, of Sparta, died April 1st from cancer of the face. Dr. N. was a quiet but enthusiastic member of the profession. He suffered from infancy from severe eczema of the face which finally assumed the cancerous degeneration. These three cases have each of them an interesting medical bearing. Peace to their ashes.

Mrs. T. J. Merryman, wife of Dr. T. J. Merryman, of Champaign, Ill., died April 6th, of pneumonia. A sad loss to the doctor. She leaves four small children.

Medical Society Meetings.—Members and delegates take due notice and govern yourselves accordingly.

Kansas, May 4, 5, and 6 in Topeka.

Nebraska, May 4 and 5, in Omaha.

Ohio, May 10 and 11, in Toledo.

Illinois, May 17 and 18, in Galesburg.

Iowa, May 19 and 20, in Ottumwa.

Michigan, May 17 and 18, in Ann Arbor.

Minnesota, May 17 and 18, in St. Paul.

Wisconsin State Homœopathic Medical Society, June 7 and 8, in Fond du Lac.

Western Academy of Homœopathy, June 8, 9 and 10, in Chicago.

American Pædological Society, June 13, in New York.

American Institute of Homœopathy, June 14, 15, 16, 17, at Brighton Beach.

Ophthalmological and Otological Society, June 14, at Brighton Beach.

World's Convention of Homœopathy, July 11 to 14, in London.

The St. Louis College of Homœopathic Physicians and Surgeons.—The ceremony was of more than usual interest, owing to the graduation of five young lady students who ranked the same as their masculine companions. The valedictory of the class was delivered by Eugene A. Guilbert. Then followed the award of diplomas by Robert E. Carr, president of the Board of Trustees, who presented certificates to each of the following: Rebecca L. Ady, Iuka, Ill.; Charles F. Adams, St. Louis.; H. G. Armbruster, Collinsville, Ill.; Elizabeth B. Bean, Mariansville, Mo.; Julia A. Brady, Columbia, Ill.; Wm. B. Chambers, Sullivan, Ind.; Edmund Doty, Alton, Ill.; Eugene Guilbert, Dubuque, Iowa; G. M. Haywood, Pana, Ill.; Mrs. Julia F. Haywood, Pana, Ill.; Geo. W. Hodgens, Clarinda, Mo.; M. M. Griffin, Fort Scott, Kan.; Elizabeth L. Lyttle, Nashville, Tenn.; E. K. Shir-

ley, Whitehall, Ill.; H. J. W. Taft, St. Louis, and C. Pepper, Clarks-ville, Mo.

Prizes were presented to those mentioned below for superiority in the study of materia medica: First prize, Eckel medal, E. Doty; second, gold prize, Eugene A. Guilbert; third, silver prize, Julia F. Haywood; fourth, Bockstruck prize, Geo. M. Haywood; fifth, book, H. J. Armbruster. A special premium, called the Kershaw silver prize, was awarded to Geo. M. Haywood, for excellence in diseases of the brain, spine and general nervous system. At the conclusion of the awards, the valedictory on the part of the faculty was read by Dr. C. H. Goodman. The proceedings of the evening were varied at intervals by musical selections which were rendered in a really creditable manner.

The American Institute of Homœopathy.—The thirty-fourth session of this great national medical organization will be held at Brighton Beach near the City of New York, June 14th to 18th inclusive. Of the attractions of this now popular seaside resort, it would be superfluous to speak. It is only necessary to say, that by the efforts of President Dowling and Treasurer Kellogg, arrangements have been made with James Breslin, Esq., proprietor of Hotel Brighton, to entertain the members of the Institute and their friends, who may attend the meeting, in princely style and at reduced rates. The hotel is said to be one of the grandest in the world. To the pleasure seeker and sight-seer alone, the beauties of Brighton Beach will well repay the tourist a trip across the continent; not to mention the attractions of New York City, its Central Park, Egyptian Obelisk, Hell Gate channel, Elevated railroads, Brooklyn bridge, etc. From present indications the approaching meeting will be one of the largest and most important ever held by the Institute. We are promised full and carefully prepared papers and reports from the various bureaus and committees; while the new feature of holding sectional meetings will afford opportunity for a full discussion of the subjects presented. These discussions will be reported *verbatim* by expert short-hand writers, and will appear in full in the Transactions as an appendix to the papers of each bureau—thus adding largely to the practical value of the work. Since the last meeting of the Institute (June, 1880), the Committee of Publication has printed (including two volumes of 1876), over 3,500 octavo pages, or four volumes averaging about 875 pages each; the matter methodically arranged, neatly printed, carefully indexed, and three volumes substantially bound in cloth and delivered to members, *not in arrears* to the treasurer, without individual expense.

The Institute has a record of which its members not only, but the profession as a whole, may well be proud. Its membership is composed of many of the most influential and progressive physicians of our school; while its papers and discussions compare favorably with those of any other medical society in the world. It must be apparent to any one conversant with the history of Homœopathy in this country, that the concentration of medical thought and the scientific investigation of therapeutic agents, as expressed by the Institute, are such as to exercise and influence, that it would be impossible to exert without associated action. In conclusion we most earnestly appeal to every eligible Homœopathic physician in the United States to join in earnest practical work in the interests of medical science by becoming a member of the Institute at its approaching session. While it is desirable, it is not obligatory upon you to attend the meetings, and should either circumstances or choice prevent you from mingling with our deliberations in person, you may still become a member of the Institute, and in return receive the Transactions, which will yield you *two-fold* the value of your pecuniary investment.

J. C. BURGHER, Gen'l. Sec'y.

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

KANKAKEE, Ill., March 16.—Prevailing diseases are: Scarlet fever, measles, and bilious troubles. Remedies used: Acon., Bell., and Merc. bin.; for the second, Acon., Bry., Puls., Merc. sol.; for the third, Bry., Pod., Merc. sol., Quinine.
O. B. SPENCER.

CHICAGO, April 26.—Prevailing diseases are croupous pneumonia and gastric catarrh. The first due to sudden changes of weather. Aconite followed by Hepar cures rapidly. The bad water (from flushing our stagnant river) and its gastro-enteric effects find a remedy in Arsenicum.

THE HEAD AS AN AID TO CONSTITUTIONAL DIAGNOSIS.

BY J. ADAMS M. D. TORONTO, ONT.

Read before the Toronto Homœopathic Medical Association, April, 12th, 1881.

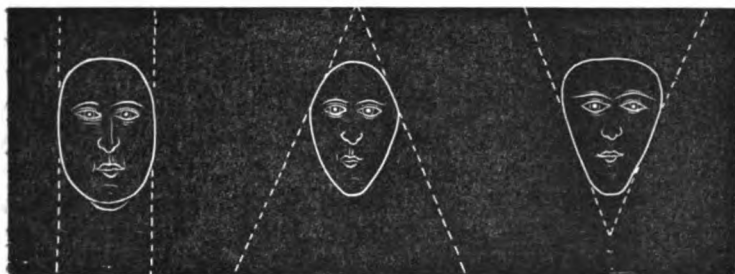
MR. PRESIDENT AND GENTLEMEN: The human frame is composed of tissue forming organs, each one having its own individuality, and yet dependent upon the harmonious working of the whole. Did we but know how to recognize the various manifestations of these tissues and organs, as they present themselves to our senses, we should find that each of them has its characteristics of health and disease, and to us Homœopaths, who treat the individual rather than the disease, and are therefore compelled to individualize so minutely in order to prescribe accurately, this knowledge would be invaluable. Something has already been done in this respect, and many of the characteristic indications of the hair, the skin, the nails, etc., in disease are known, and yet what we actually know is comparatively very trifling compared to what may be expected from future observers. Some twenty-five years ago I was fortunate enough to make the acquaintance of a gentleman who for many years had been the leading phrenologist of England. He insisted upon it that certain formations of the head indicated certain constitutional peculiarities and that these indications might be serviceable to the practical physician. Most of you are aware, that ever since that celebrated Scotch metaphysician wrote his memorable treatise against Phrenology, it has been the custom of scientific men either to entirely ignore this very useful science, or to treat it with unmerited contempt. Many another useful discovery, of which our own system is a notable instance, has been treated in like manner, which only proves that great men are capable of making great blunders. That the size and form of the head is indicative of disease has long been recognized by medical men, but the phrenologist, to whom I have just referred, advanced a step

further and discovered that certain regions of the head seemed to be, somehow, directly connected with certain regions of the body, such as the lungs, stomach, heart and sexual system, indicating their constitutional or acquired condition.

By way of introducing the subject, I will divide the human head into three types, viz:

1. The healthy type.
2. The scrofulous type.
3. The tuberculous type.

And as illustration usually conveys an idea in the quickest manner, I have made a rough sketch of them, rather exaggerated in order to impress them more forcibly upon your minds.



1. The healthy type. 2. The scrofulous type. 3. The tuberculous type.

By the healthy type, I mean an evenly balanced head, having the proper height, width, and depth. It would take me longer than the allotted fifteen minutes, were I to give you the dimensions recognized by phrenologists and artists and will merely call your attentions to three lines which in their direction, mark the difference between the three types.

In the *healthy* or *normal* type, if a line be carried down the temporal region, resting on the upper part of the head and the zygomatic arch, it will be found nearly perpendicular. In the *scrofulous* type, owing to a prominence of the zygomatic arch frequently a sign of latent scrofula, the line will be found to diverge outwards; whereas, in the *tuberculous* type, owing to the prominence of the upper part of the

head and the relatively deficient development of the zygomatic arch, the line will fall inward, forming the so-called "inverted pyramidal type." This is strongly indicative of a constitutional tendency to the formation tubercle.

Time will not permit me to enter into the subject of scrofulosis and of tuberculous, though intimately connected with my subject, and must therefore content myself with merely pointing out their cranial characteristics, although these different types are rarely met with in their most perfect forms, still, it will be found that every head will fall more or less into one or the other, and moreover, just as the individual improves in health, so the diseased characteristics will disappear and his head will approach the healthy type.

I am not prepared to give you anatomical or physiological reasons for certain regions of the head denoting certain conditions in other organs, all I can say is, that they do denote such conditions, as may be easily verified, and those who are willing to accept of these indications, will find them very useful in the treatment of acute and more particularly chronic diseases.

The region of the head that denotes the condition of the *lungs* is situated over the frontal sinus. On examination, you will find a very great difference in the appearance of this part of the head in different persons. In some you will find it full and prominent, and where this is the case, there will be a tendency to congestion of the lungs, with danger of hæmorrhage. In youth, this may usually be guarded against by refraining from violent exertion, and as congestion to any organ, if properly controlled, has a tendency to increase the size of the organ, in a few years this natural tendency may result in a large and powerful chest. Where the frontal region is abnormally flat, that is without either elevation or depression, the lungs will be found weak and predisposed to disease, and if this condition is connected with the "inverted pyramidal" or tuberculous type, there will be a strong predisposition to tubercular deposit in the lungs. In another class, you will notice a prominence of the eyebrows and a more or less deep indentation between them. The deeper

this indentation the stronger the lungs, and when with this you find two deep perpendicular furrows, you have the strongest and healthiest condition of lung. Every physician has noticed cases of phthisis that seem to baffle all prognosis. There will be all the symptoms of galloping consumption, such as hæmoptysis, followed by purulent expectoration, hectic fever and night sweats, emaciation, etc. etc., and yet, after a time, will rally, the dangerous symptoms gradually disappearing till health seems restored. A year or two later, a fresh cold may produce a return of all the symptoms, to be again followed by comparative health, showing that there must be a large amount of recuperative latent power somewhere. Such cases you will find marked by a deep hollow between the eyebrows over the frontal sinus. This would seem to denote a certain recuperative power in the substance of the lung-tissue itself, that enables us to withstand the encroachments of disease, and though vomica after vomica may form, the remaining portion of the lung remains, for a time, unaffected. I need hardly state, that such cases are the most amenable to treatment.

The region that corresponds with the stomach and assimilative organs is situated on each side of the head, just above the zygomatic arch, the temporal region. You will notice, that while some are full in this region others are flat and others are deeply indented, as if from an atrophied condition of the temporal muscles. Here you may make a very just estimate of the power of assimilation that an individual possesses, by the elevation or depression met with, for the deeper the depression the weaker the assimilative power. In the dyspeptic, this will be most apparent, and just in proportion as he improves, the region will be found to fill out.

The region connected with the heart and circulation is on each side of the head, immediately above the ears. It is the seat of what the phrenologists call the organ of destruction, the wider the head at this part, the more activity the individual will display, and hence the organ is more appropri-

ately called the organ of executiveness. The more prominent the part, the more powerful the heart and circulation. If very large, there will be a tendency to congestion to some weaker organ and later in life to apoplexy, but if on the other hand the part be flat or depressed, poverty of circulation with its attendant evils, such as cold extremities, etc. etc., will be found present.

The fourth and last region to which I would direct your attention, is the cerebellum, which, as most of you already know, is intimately connected with the sexual system. Where it is large and full, it denotes vigor of manhood and may be compared to the boiler that supplies the power to the engine. If very large, it is apt to lead to intemperance and abuse of the sexual organs; the results of which are so frequently met with in daily practice. Where it is small, there will be a deficiency of so called "staying power," an aptness to be easily tired after slight exercise. It is among the victims of self-abuse that the wasting away of this part is most apparent, and if the baneful habit be abandoned before organic injury has been inflicted upon the system, under proper medical treatment assisted by a judicious use of gymnastics the parts will soon show signs of filling out again.

I have said nothing about the manner in which the deficiency of one organ may be, to a certain extent, supplemented by strength in another, as this would have carried me far beyond the time allotted to our essays, but should the subject be found sufficiently attractive to you, I shall be happy to return to it at some future period.

Infusion of Clover in Cancer.—Another supposed remedy for cancer has recently cropped up; but the news seems too good to be true, since the remedy is within the reach of all, and, except in whooping-cough, has no repute as a medicine. The remedy in question consists of an infusion made from the blossoms of red clover, which is made like ordinary tea, and taken to the extent of about a quart daily, before meals and at bed-time. A writer in the *Medical News* speaks of it thus: "The clover tea has done wonders for us; my appetite is now good; my general health greatly improved, and the wound is healing."

THE ETYMOLOGY OF PATHOLOGICAL TERMS.

BY P. J. M'COURT, M. D., TROY, N. Y.

I was very much pleased to read some time ago the correction by J. B. Braun, M. D., of the word "septicæmia," and two other popular errors. My only regret was that he did not pursue the subject farther, since he is evidently competent, and the field is an extensive one. Why does Dr. Braun take exception to our employment of the word *rotheln* because it is German, while we retain a number of time-honored misnomers from other language?—*e. g.* *Influenza*, from the Italian; *coup de soleil* from the French; *goître* (*gutter*, the throat) from the Swiss, etc. This tree of "philological blunders" will bear and must receive an immense amount of pruning; and the task cannot be commenced too soon. My preceptor, Prof. Sewel, of McGill University, was in the habit of saying that in all branches of knowledge except medicine, words were the sounds which we employ to convey ideas; but here the sounds are used chiefly to conceal the ideas. The name of a disease must be defective if it does not clearly indicate the morbid process, or the part affected, or both; and nineteen-twentieths of those in use fail to do either. Let me briefly remind your readers of a few among the more conspicuous of these, as they occur to me; and while so doing I trust that the difficulty of representing Greek words in Roman characters will not be lost sight of,—nor yet the fact that Greek pronunciation is at present in a state of transition.

With reference to "Septicæmia"—from *sepo*, literally, to rot; and *haima*, blood,—this inelegant term should be laid aside, and ichorrhæmia—*ichor*, pus; and *haima* be substituted therefor. It should likewise supercede pyæmia, or, the better form, pyohæmia—*pyon*, pus.

Anthrax—*anthrax*, a cole—as descriptive of carbuncle, is not remarkable for lucidity.

Apoplexy—*apo*, from, or by means of; and *plessa*, to

strike; or, as rendered by Dunglison, in his Medical Dictionary, from *apoplettein*, to strike with violence— does not tell of pressure upon the brain or elsewhere.

Asphyxia—*a*, privative; and *sphynx*, the pulse—clearly signifies, and should be confined to express an “absence of pulse;” syncope. Suffocation, or suspended respiration, is properly expressed by *apnœa*—*a*, priv., and *pneo*, to breathe. Dunglison incautiously translates this by the words “I respire,” probably to indicate that he does not.

Croup, cynanche—from *kyon* a dog; and *agcho*, to strangle—is shown by Pliny (*Nat. Historia*, 8, 51) to have been applied to sore throat in swine, as well as in dogs. Galen applied the term to laryngitis, although Euripides and Heracledes (Meineke's *Com. Fragmenta*) before him had plainly described the disease as *tod ugchones pelas*; “’tis nigh as bad as hanging.” We need a new name, as perfect as this description.

In the long list of diseases which we may, with some freedom, call eruptive, the same technical void is apparent.

Let us analyze some of them, taken almost at random: Acne—may be a corruption of *akmai*, pimples on the face at puberty; but Dunglison appears to think, with Cassine, that it is derived from *akme*, vigor; a very unfortunate condition, it is to be inferred. Ecthyma—*ekthyo*, to break out in eruptions. Eczema—*ekzeo*, to boil out. Herpes—*herpo*, to crup. Impetigo—Lat., *impeto*, to attack. Lepra—*lepra*, a scaly skin. Lichen—*leichen*, moss. Lupus—L., *lupus*, a wolf. Miliaria—L., *milium*, millet. Psoriasis—*psora*, tetter. Rupia—*rhypos* (not *rupos*, as Dunglison gives it), dirt, filth. Scabies—L., *scabo*, to scratch. Sudamina—*sudo*, to sweat. Sycosis—*sykoomai*, to become like a pig, etc.

The etymology of erysipelas is not certain, but is probably from *eryo*, to draw; and *pelas*, near. German lexicographers render it from *erythros*, red; and *pellos*, livid; but, in the light of fitness, there is little to choose between them.

Nowhere does greater chaos reign than among the names of fevers; but we will only consider that of typhoid; literally, “like typhus”—*typhos*, stupor; and *eidōs*, appearance—

which it is not, Bæhr and others to the contrary notwithstanding. "Enteric fever"—*enteron*, an intestine—is equally inappropriate; and the term suggested by Dr. Murchison, "Pythagenic fever"—*pythogener*, from *python*; and *gennao*, born of putridity—while far from being satisfactory, is the best yet offered.

But it seems almost a waste of time to criticize works like these while we tolerate such gross perversion of language as gonorrhœa—*gone*, the semen; and *rheo*, to flow—to designate a specific urethritis; instead of blenorragia—*blenna*, mucus, or slime; and *rhegnumi*, to burst forth—or, more strictly accurate, Blenorrhœa—*blenna*; and *rheo*. Some English writers of the Old School employ the word under protest; but all with whose works I am acquainted continue to misuse it.

Hysteria—*hysteria*, the womb—should have been dismissed for a more appropriate term, when well-marked cases were first observed in the male. Yet, in view of this familiar fact, Dr. Barnes proposes a new one quite as indefinite as the old. "Oophoria"—from *oophorum*; *oon*, ovum; and *phero*, to bear—based upon the hypothesis that the ovaries, and not the uterus, are the seat of this neurosis.

Phlegmasia dolens—*phlego*, to burn; and *L.*, *doleo*, to be in pain; or, according to Dunglison, from *phlegma*, *phlegmatus*, phlegm. Either but poorly describes what ought to be called obstructive phlebitis.

Phrenitis—from *phren*, the mind; and terminal *itis*, which, added to the Greek name of an organ, indicates that the part is inflamed; literally, "inflammation of the mind"—is one of those loose, almost meaningless terms which some authors seem to delight in perpetuating. Encephalitis—from *en*, in; *cephale*, the head; terminal *itis*—is more generally sanctioned; but, in the present state of our knowledge, Meningo-cerebritis would seem more appropriate.

Rheumatism—*rheumatismos*, a flux, or looseness; or, again to quote Dunglison, from *rheuma*, *rheumatos*, a catarrh, diarrhœa; although here *rheuma* signifies an indefinite morbid humor in the body—gives no intimation of change in muscular, articular, or synovial tissues.

The derivation of syphilis is a matter of doubt to all; but certain it is that the term cannot be made to convey any idea of morbid action. That given by Blavcardus—*syn*, together; and *philes*, to love—has been, perhaps, the most generally accepted; but he neglected to tell us just how much “love” it is necessary to waste in order to produce a hunterian —. Others, mentioned by Dunglison, are not more logical.

Tabes mesenterica—from L., *tabeo*, to melt away; and Gr., *mesenterion*, the mesentery—is a crude designation of what we should term abdominal phthisis.

Now contrast the foregoing jargon with a few terms which are technically correct:

Dyspepsia—*dys*, difficulty; and *pepto*, to digest.

Endometritis—*endon*, within; *metra*, the womb; terminal *itis*.

Gastralgia—*gaster*, the stomach; and *algos*, pain.

Hydrothorax—*hydor*, water; and *thorax*, the chest.

Retroflexio (Uteri)—L., *retro*, backwards; and *flecto*, to bend.

Why cannot the whole of our nomenclature be as accurate, beautiful and explicit as this. Is there any valid reason why we should continue to perplex ourselves and those who are to follow us with the erroneous verbosity of the ancients, merely because it is classical? While leading members of the profession have been expending valuable time, and intellect of the highest order, in raking among the ashes of the past to construct a barren etymology from the embers, they should have built over the ruins with new material, and thus reared a structure capable of expressing modern knowledge of disease. But it is not yet too late to begin; and the initiatory steps must be taken by medical journals. Let their editors and contributors hereafter devote to this work the time which might otherwise be worse than wasted in the strife of creeds, schools and dogmas—a strife which has so long cursed the earth and degraded the profession,—and we shall soon be able to say that our words are employed to convey ideas. I respectfully, yet earnestly

commend this subject to the consideration of medical gentlemen who write hereafter, but especially to that of Greek scholars,—among whom I claim no place.

ECZEMA.

BY THE HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHENY COUNTY.*

No disease, especially among those characterized by external manifestations, has been the subject of a more varied nomenclature, or whose description has caused more confusion in the minds of physicians, than that of eczema. Known from the earliest time, occupying a prominent place in the literature of our profession, met and treated as well by the general practitioner as by the specialist, observed among the poor and rich, it still remains, in many of its forms, indistinctly defined and understood.

Under these circumstances it has seemed profitable to represent the subject to the profession, so that a free interchange of views might possibly result in mutual benefit to ourselves, and clear away some of the maze which overhangs the disease as at present known.

ÆTIOLOGY.

Eczema is always symptomatic of some irritation, proceeding either from the constitution itself, or from the action of a local cause. A failure of proper nerve force in its nutrient capacity is the chief factor in producing this condition, since this failure necessarily leads to congestion and other disturbances in the circulation. With this we may have as assistant or intermediate causes, a variety of conditions.

‘It is frequently based on a scrofulous or rachitic anomaly

*[Presented to the Homœopathic Medical Society of Pennsylvania at its last meeting. Published in its transactions and here presented by request, and discussion invited.]

of constitution, and, in grown persons, may be caused by mechanical disturbances of the circulation, as in patients suffering from diseases of the heart and lungs, by varicosity of the veins at climaxis, pregnancy or through menstrual anomalies, or in anæmia."

Anything causing a stasis of the circulation, and thus giving rise to an exudation, may produce an eczema, especially when any irritating substance exists in the discharge. In many cases of dyspepsia the skin shows the influence of perverted nutrition, and we frequently have eruptions, which, in many instances give rise to amelioration of the dyspeptic symptoms.

Children are more likely to suffer than adults, but persons affected with gout, or those addicted to the use of malt liquors in excess, may also suffer. In the gouty diathesis it frequently assumes a chronic form.

Pathologists have assumed that lesions of nerves, or brain irritation, will frequently produce diabetes, and eczema of the skin and especially of the genitals has been observed in connection with this disease, since the saccharine blood is an irritant to the nervous system. Dr. Mitchell, however, has observed eczema as an attendant on nerve irritation or lesion, without regard to any diabetic trouble. Trousseau is said to have observed eczema frequently in women during the climaxis, and remarks that whenever this complication appears in connection with leucorrhœa or menstrual anomalies, we must think of glycosuria. Eczema has been found in connection with difficult dentition, arising undoubtedly from nerve irritation.

Dr. Lilienthal, in his excellent treatise on the Diseases of the Skin, in giving the cause of eczema arising from disorders of the kidneys as shown by the presence of indican in pathological quantities, says: Indican is supposed to be the product arising from the retardation of the process of declension from the complex to the more simple of the products of function and secretion. This retardation is due to the accumulation of urea and other products of waste in the blood, owing to deficient renal secretion, and urea has been

detected in considerable amount in the serum of eczematous patients.

As local causes we have irritating discharges; exposure to extreme and long-continued heat; the handling of irritating substances; the external use of Croton oil, Rhus tox. and venen., or other similar drugs; while we may have the same effects from their internal use, as in a case reported in which the trouble seemed to rise from the excessive use of common salt. Again, Hebra gives a case of eczema where the condition followed from the application of poultices to the skin, which macerated it, and thus gave ingress to fungi, which were present in the linen. It sometimes follows vaccination, but we have no reason to think that in such cases it is anything more than a coincidence. Doctor Douath, of Baja (*Med. News and Abstract*, June, 1880), saw a case where the use of a one per cent. solution of Sulphate of Atropia into the eye was invariably followed by severe eczema and pseudo-erysipelatous swelling and redness of the face and neck.

PATHOLOGICAL CHANGES.

This disease is essentially of an inflammatory nature, accompanied with changes of structures and perversion of the function of the skin; there is a congestive state manifesting itself by increased vascularity, redness and sensitiveness of the cutaneous surface, followed by an exudation of serum, which, thickening the surrounding tissues, shows itself in oedema or fissures, and sometimes in both. The exudation is generally of a serous nature, but when deeper structures are affected we may have a muco-purulent secretion. No marked difference has been noticed between the primary secretion of eczema, and that of ordinary serum.

Following the destruction of the epidermis either by exfoliation or scratching, we may have the formation of vesicles or papules, which may either form crusts or squamæ of various sizes, or be succeeded by a cuticle thicker and coarser than the natural skin.

“The follicles, papillæ and upper layers of the corium are swollen in acute eczema, but this disappears in the majority

of cases. If the eczema is chronic, the skin becomes thickened, lines and furrows deepened, papillæ enlarged. The older the condition, the larger the papules, and the greater the cell-proliferation in the corium, so that this sometimes reaches down into the deepest layers, even to the panniculus adiposus. The source of cell-proliferation is not settled, but it is probable that it is the result of the two factors, faulty innervation and capillary congestion."

T. M. STRONG, M. D.

VARIETIES AND SYMPTOMS.

Although eczema presents itself under innumerable phases, it can generally be recognized with ease when we bear in mind that its characteristic features are: redness, itching, moisture and scaling, two or more of which features are invariably present.

Some writers have divided eczema into a mild variety (eczema simplex), an inflammatory variety (eczema rubrum), and a purulent variety (e. impetiginodes). This division is rather broad, and as many cases do not fall naturally into either one of the three classes, it is of little practical value. As a guide in the study of the disease, and an aid in the description of cases, it is better to divide eczema into stages through which the majority of cases pass in their progress toward recovery, and to classify all cases in accordance with certain well marked clinical forms or phases assumed by the eruption, and to which a special name is applicable.

The clinical forms of eczema are almost numberless, and almost numberless terms have been coined and applied to them, and it is simply a question of convenience whether we shall employ five terms or fifty for purposes of description. It is certain, however, that there are six striking phases assumed by eczema, which, according to the classification of Wilson, are the following: eczema erythematosum; e. papulosum; e. vesiculosum; e. ichorosum; e. pustulosum; e. squamosum.

The first two and last of these forms are always dry while

the remaining three are more or less moist, although the moist surface is sometimes concealed by a crust. These forms of eczema may be accompanied by exceptional peculiarities, such as a circumscribed border, the existence of œdema, and the development of tubercles, fissures, or a warty surface.

The term *eczema marginatum* is applied to an erythematous or papular patch which does not shade off at its borders, as is commonly the case in eczema. This condition is frequently seen about the genito-crural folds. The term *e. rimosum* or *fissum* is used when a squamous or ichorous eczema of the hand or of the flexure of joints is accompanied by the development of numerous fissures. *E verrucosum* indicates a warty condition most frequently seen near the ankle, and generally in connection with ulceration. These accidental features are of little importance, and cases of eczema exhibiting them will be found to fall naturally into one of the six divisions.

Symptoms: *E erythematosum* is characterized mainly by hyperæmia. There are no vesicles, pustules, or well marked papules, nothing but a smooth reddened surface with a moderate amount of fine desquamation. There is a slight infiltration of the skin and pruritus. By scratching or other external irritation the skin may become considerably thickened and covered by fine branny scabs. This form is frequently met with on the face, and usually predominates when the disease extends over the greater portion of the body.

E. papulosum. When the hyperæmia, which is the distinguishing feature of both erythematous and papular eczema, is not merely confined to the superficial network of blood vessels, as in the erythematous form, but involves also the follicular plexuses, we have discrete congested papules, developed upon a reddened skin. This papular eczema may be transitory when produced by external agencies, but it is often chronic and obstinate. When the congested follicles are not seated upon a hyperæmic and infiltrated patch but are scattered in groups upon the normal skin, the term *lichen simplex* has been used to denote the condition.

E. vesiculosum. The vesicular form of eczema is quite uncommon. It consists of numerous fine acuminate vesicles, crowded together upon a highly congested base. If, after the rupture of the vesicles, the exudation continues, the disease assumes the ichorous form. This form of eczema attacking the face might be mistaken for erysipelas, especially when its outbreak is accompanied by slight fever. The smooth, tense skin with abrupt margin of erysipelas is not, however, present, and the speedy development of fine vesicles, or an exuding surface, dispels all doubt.

E. ichorosum. This, the moist form of eczema, is of the most frequent occurrence. The affected part is swollen and tender, and the surface either presents a reddened appearance, or is covered by a thin dark crust, through which and beneath which the characteristic gummy exudation appears. Vesiculation may or may not have preceded this condition. When folds of skin lie in contact, as they do about the neck and joints of fat babies, and beneath the breasts and in the inguinal region of obese females, the epidermis become macerated, and frequently assumes the character of epithelium, and for a time the skin may appear as though converted into a mucous membrane and discharges a viscid serum.

E. pustulosum. The pustular is, in some cases, not readily distinguished from the ichorous form. The exuding serum instead of being clear and watery may be thicker, and dry into yellowish crusts. The contents of the vesicles may assume a sero-purulent character, or pustules may be scattered over the surface along with vesicles, while in either case yellowish or slightly brownish crusts are formed, which increase in thickness from additions to the under surface. Pustular eczema is common in strumous and poorly nourished subjects. Though eczema commonly leaves no scars, the "milk crust" of infancy sometimes pits the cheeks, and the child shows marks which might be mistaken for the effects of variola.

E. squamosum. The squamous form is the terminal stage of one of the other forms. It is but an exaggeration of the erythematous form, the acute hyperæmia and branny des-

quamation giving place to thickening and induration of the skin and subjacent tissues, with exfoliation of the epidermis. It sometimes occurs in patches upon the extensor surface of the extremities, when it is with difficulty distinguished from psoriasis. But the gradual shading off of the patches at their margins, and the existence of moisture when the scale is removed and the corium exposed, are features which will usually determine the diagnosis.

The term *eczema* meaning to "boil out" or effervesce, implies a catarrhal condition of the skin. A moist surface, or at least a tendency of the affected skin to become moist through exudation of a gummy, albuminous serum, is the chief characteristic of the disease. The exudation varies in amount, being so slight in some cases as not to appear upon the surface, while in other cases it is poured out so abundantly that the whole epidermis is washed away, and a smooth, red, moist surface is exposed. It varies, also, in character. In some cases the exudation is plastic, and being retained in the sub-cutaneous cellular tissue, produces papulation on the surface, and infiltration and hardening of the sub-cutaneous cellular tissue.

When the surface exudation is profuse the serum dries and forms crusts. The crust of typical *eczema* is thin and dark, cracking and allowing the exudation to ooze from the cracks. Often it is composed partly of dried blood, the result of scratching. When the exudation is purulent, the crusts are lighter in color and thicker, increasing in bulk by augmentation from beneath.

The thickening of the skin in *eczema* is most marked in chronic cases. It is partly due to cellular infiltration, and partly to the exudation of plastic serum into the subjacent areolar tissue. In acute cases, and in parts of the body liable to passive congestion, as the legs, a temporary œdema often increases the thickness of the integument.

Itching is a symptom usually present in a marked degree. In adults it is apt to be more troublesome in the erythematous and papular forms of the disease. In children it is usually very severe.

We may say, in brief, that this disease always begins with hypermæmia and ends in desquamation. It is characterized by a tendency to moisture of the surface (which may result in crusting), by infiltration of the deeper tissues which produces thickening, by the development usually of papules, vesicle, or pustules, and by slight or severe itching.

W. J. MARTIN, M. D.

DURATION AND COMPLICATIONS.

The essential characteristic of eczema is, that it discharges serum for an indefinite period of time.

Eczema has no specific course; it may linger for a while in vesicular form; and, finally, after being encrusted for awhile, the exudation may return.

In its most favorable form the skin may recover its normal state, after exfoliation of the crusts, but it generally becomes thickened from infiltration into its tissues. The discharge may cease, but the skin exfoliates in thin scales, it itches and bleeds when rubbed or scratched, cracks in the lines of motion and assumes a persistent and chronic character.

A patient with eczematous diathesis, may be subject to attacks of eczema during his whole life, every disturbance of function of the digestive or nervous system being sufficient to occasion the attack.

Like other chronic inflammations, it has its rise and decline with an intermediate period of activity of greater or less duration.

Wilson and numerous other authors maintain that eczema may begin at the end of the first month of infancy, and, unless properly treated, will continue for months or even years, and may lay the foundation of a cutaneous disease, which may persist until manhood or even for the remainder of life.

Dr. Stephenson, of Edinburgh, holds that infantile eczema is a developmental condition, having a tendency to spontaneous cure when the developmental conditions change; thus placing the natural limit of the disease in the sixth year.

Dr. Wilson says that infantile eczema has no tendency to spontaneous cure or resolution, but is apt to merge into a chronic form, coming and going, the discharge diminishing and returning to certain locations where it lingers, subsiding sometimes into a calm, to break out afresh from some slight cause.

Eczema is a complication of other diseases, having no special complications of its own. Some form of constitutional dyscrasy being the predisposing cause of the eruption, mal-assimilation and defective innervation, generally underlying the disorder. It is a complication of either nutritive, assimilative or nervous debility. It may take the place of an inveterate headache, a rheumatism, a fit of gout, a bronchitis, or may supercede any chronic ailment. Pure and simple debility does not cause eczema, but if eczema be present, may, by its persistence, prevent either the recuperative process of nature or the beneficial action of remedies.

Eczematous asthma is quite a frequent condition in children.

Eczema of the breast occurs only during pregnancy, suckling, or in women suffering from itch.

Eczema is a frequent complication of dentition and when once established is extremely persistent, and unless properly treated, will almost certainly continue, at least until the sixth year.

Dr. Michelson reports a case in the *Berliner Wochenschrift*, of eczema in the inguinal region, an impetiginous eczema marginatum. The center of the eruption presented a moist surface, covered with little red points and with foetid debris of macerated epidermis. The microscope revealed the eggs of the oxyuris in various stages of development.

Prof. Lindsay, in Braithwaite's *Retrospect*, pt. 77, page 141, reports a case of colored exudates in eczema occurring in an insane patient. He was thirty-five years of age, tall and athletic; he had been subject to eczema which moved from one part of the body to another. This peculiar exudation occurred when the legs were affected. He was not taking any medicine, and simple water dressings were

the only external means employed. The exudates were varied combinations of blue, green and yellow; the colors remaining unchanged upon the cloths for months afterwards. The patient was subject to recurrent attacks of mania, varying in intensity and duration. The attacks of mania and eczema were strikingly cor-related, the eczema immediately preceding the mania, the precedence being most marked when the eczema was facial or affected the scalp. Had the morbid mental condition any influence on the chemical peculiarities of the eczematous discharge? This peculiarity of coloration was observed but once, and the attack ran its course just in the same manner as any previous or succeeding one.

Eczema is quite as common among the insane as the sane, and the cases are quite as inveterate.

C. C. RINEHART, M. D.

DIAGNOSIS AND PROGNOSIS.

To the Homœopath, the diagnosis of eczema, as such, is quite unnecessary. Like all other ills of flesh, a variety of similiar symptoms have been classed under the head of eczema; but it is just as necessary to individualize here as in any other complaint. The peculiarities of the eruption to be treated must be considered, and it is of little consequence whether we call it eczema or what not.

The main feature of eczema is the presence of a peculiar discharge, which dries into thin crusts. However long-standing the case, the history will show evidence of its being a moist disease. We rarely see the disease in its earliest onslaught, hence what is known as the vesicular stage seldom comes before us; if the disease, however, is on the increase, the vesiculation may be detected at the edge of the patches. We shall best arrive at a knowledge of what eczema is, by the process of exclusion: From *erythema* the negative evidence of a discharge and crusts will suffice; from *erysipelas*, by the fact that the latter is an acute and severe disease, with shining, tense, smarting swelling, with well defined

borders, and marked constitutional symptoms; in *herpes* the bullæ collected upon a red base, which do not burst, but shrivel away in a few days, with the absence of light yellow crusts, decide against eczema. *Intertrigo* is caused by the friction of opposing surfaces; its seat is the folds of the skin; it is marked by the absence of vesicles and crusts, no less than by the presence of a thin muciform secretion; it is not accompanied by eruptions on any other part of the body. *Lichen* is accompanied by much itching; it affects particularly the outside of the limbs; the eruption is papular, the papules feeling hard and dry; there is no discharge or crusting; the inflammation is decidedly plastic, as distinguished from serous. *Seborrhæa* differs from eczema in the absence of a serous discharge; the surface is red, covered with dirty, yellow, flat crusts, which are made up of fatty and epithelial matter; on removal of the crusts, the surface is found red, dry and somewhat glazy; sometimes the flux is more oily, and there is less crusting. None of the foregoing bear such a striking resemblance to eczema that a mistake need be made in diagnosis. We will not hesitate to call an eruption on the skin, eczema, if the discharge stiffens linen, dries into thin green crusts, having its stages of erythema, papulation, vesiculation, discharge, pus formation and squamation. If in addition to these indications the patient is debilitated, or develops a family tendency, the case is certain.

Some authors doubt the fact of eczema being an hereditary disease. Be this so or not, I have a family under observation where the grandfather was so affected; the father also had "running sores" on the legs; the son also had eczema; the son's son, an infant, shows signs of the same trouble. Here are four generations that show evidence, at least of some chronic affection. One young lady of the family has metrorrhagia, hysterical weakness, and piles; another has very troublesome night sweats; a child has very irregular intermittent heart's action. Indeed every member of this family seems to be tainted with chronic troubles, where in the greatest number eczematous symptoms crop out.

The prognosis of eczema is favorable. It does not cause death, but is very intractable. , Z. T. MILLER, M. D.

TREATMENT.

Eczema can be cured, but is liable to many relapses before the eruption is fully eradicated. If the cause can be found and removed, many cases will require no further treatment. This is especially true where local irritants produce the exanthem.

The disease is spread and its course protracted by scratching. All forms itch more or less, often intensely, even during sleep. Gloves or some covering to the hands will prevent conveying the disease to other parts of the body; or the eczematous parts may be covered by suitable bandages. The greatest amount of irritation, which superinduces the itching, proceeds from fully developed crusts, whereas a moist eczema itches much less. Hence it is desirable to limit the formation of crusts as much as possible, or to prevent their excessive adhesion and dessication. This may be accomplished by frequent baths; the temperature of the water should not be below sixty degrees, and from eighty to one hundred will prove quite as beneficial. I have known several serious cases to recover under this treatment. The waters from some mineral springs are very efficient. These usually are the sulphur springs. The Hot Springs of Arkansas, where Silicea and Calcareo carb. are the principal elements found in the waters, have also quite a reputation in curing eczema. It is thought that the temperature of the water performs a very essential part of the cure. The heat opens the pores, thus enabling the system to eliminate effete and poisonous matter. Wet compresses are beneficial in acute eczema. Shower-baths bring temporary relief; the water should not be too cool, nor have a fall of more than two feet.

We depend upon the administration of internal remedies for the cure of this catarrh of the epidermis, but believe the recovery is often hastened by the use of adjuvants and mechanical means. They no more interfere with the action of the true similitum, than hygienic measures in other diseases. Very frequently they make the patient comfortable,

and consequently contented to await the action of the internal remedy, where, otherwise, they would wander from one source to another seeking relief.

Local remedies may be used to soothe the irritated surfaces and protect them from external injury. There is no reason why we should not protect a surface raw, and irritated by diseased conditions, the same as we would a burn. Greater caution, however, is necessary in applying these local dressings than in other skin eruptions. The use of astringent substances will probably complicate the trouble.

As a covering against atmospheric air, for the removal of crusts, and to keep the skin soft and moist, certain applications are serviceable: *a.* Fatty substances are useful where the skin is not too much infiltrated, viz., cod-liver oil, simple cerate, cold cream, almond oil, glycerine, cosmoline, common lard; all these will soften the skin and greatly relieve the burning of the surface. Glycerine and cacao butter made into the consistency of pomade greatly allays the itching, and where there is a raw, denuded surface will not produce an irritation as lard and other fats are likely to do. In these conditions a cerate of cosmoline three parts and white wax one part, will be of service; soften a small portion at a time by heat, and when melted soak narrow strips of cloth in it, and then apply these to the affected part by lapping one edge over the other in regular order. This is very convenient dressing in eczema of the scalp. All unctuous applications should be as fresh as possible. Where the epithelial layer of the skin is removed, especially in parts subject to the action of friction, oxide of zinc ointment will protect the surface perfectly and hasten the cure. This application should be used with caution, as it may suppress the eczema, to be followed by asthma, dyspepsia or more serious diseases. In extreme cases, such as we often find in this disease, we must use extreme measures. *b.* An impermeable covering of vulcanized india-rubber is a valuable adjuvant. It may be considered a continuous bath, and is recommended in eczema of the hands, fingers, joints, scrotum, feet and scalp. *c.* Powders, as rice-flour, *Lycopodium*, fuller's earth, starch. In

the acute stage of erythematous, papular, vesicular and pustular eczema, powders are useful as covering; also in eczema rubrum to aid absorption and the drying-up process.

Prof. Anspitz treats chronic eczema as follows: first softening the scales or crusts by the use of the impermeable covering, then rub pumice or gritty soap with flannel over the eczematous spots, pencil the secreting surface with oleum cadini or rusci and then cover the whole with india-rubber; this is to be done once or twice a day. Such applications are advised in eczema of the ears, forehead, neck and extremities, but are not contra-indicated in eczema of the genitals, umbilicus and face.

Prof. Lilienthal says: In infiltrated eczema it is well to rub twice a day all affected places with soap and flannel, followed by thorough washing in tepid water and rubbing until the skin becomes dry and shining. This will change it into an acute form, and thus produce an absorption of the exudation. In all parts having an osseous support this form is better treated by tight bandaging; eczema of the lower extremities is more easily cured if the medicaments are firmly pressed to the affected parts by a tight roller. He also authorizes as a solvent the use of caustic potash and water, equal parts of each, applied with a pencil of lint, three times a week, and immediately washed off with warm water. In inveterate chronic cases such severe treatment is necessary.

Dr. Liveing says that in obstinate cases of eczema of the palm where the skin is extremely hard, brittle, thick and cracked, he gets rid of the outer cuticle by the constant application, night and day, of a lotion of liquor potassæ (two to four drachms of liq. pot. to eight ounces of water). The hand is to be enveloped in cloths wet in this lotion and covered by an impermeable covering. Continue the treatment until the cuticle is thoroughly white and macerated, when it will peel and rub off readily; repeat the process until the skin is reduced to its natural thickness and is soft, when medicated applications will have some effect.

Dr. Kloman, in the *American Journal of Obstetrics*, reports

a cure of eczema by vaccination; a girl one year old, who had suffered for several weeks from an acute eczema of the right cheek and ear. She was vaccinated with lymph of one remove from the cow. On the third day, the body was covered with a fine papular eruption and the eczematous patches were much redder than before. As soon as the vaccine efflorescence appeared, the eruption on the body disappeared, and with it the eczema on the cheek. The eruption on the ear disappeared more gradually, but by the time the vaccine pustule had healed, there was no sign of it left, the skin of the cheek and ear being entirely normal. Dr. K. believes that all cases of acute *circumscribed* eczema will yield to vaccination, especially if the cow's virus is used or the fresh human lymph. The belief is strengthened by reports of other cases. Patients suffering from eczema, coming within my own knowledge and observation, have not been attended with such favorable results from vaccination.

Dr. H. R. Crocker, in the *British Medical Journal*, advocates the use of thymol, three to five grains to the ounce of vaseline, in eczema where the discharge is diminishing; that is, after the activity of the inflammation has subsided. He says: In the later stages, some cases of very long standing, which has been submitted to other treatment of various kinds, rapidly yielded to thymol.

Dr. Ruddock considered the diet an important element to be considered in the treatment of eczema, and says: cod-liver oil is a dietetic medicine of great value in eczema, especially in the chronic stage, and when attended with emaciation. A teaspoonful twice daily after food, is often taken greedily by children and with safety by persons of any age. The daily use of vegetable food is very necessary, especially celery, lettuce, water-cresses, etc. These vegetables contain potash salts, which are needed by the blood, but are abstracted in the process of boiling. The juice of meat is valuable; it may be given alone as beef or mutton tea or mixed with other food. Salted or cured meats are decidedly objectionable, except fat bacon, which may be used for breakfast. Good milk in large quantity, chicken broth, fresh meats and

vegetables will be found very helpful in the relief of this affection.

The disease appears on one or various parts of the system; is known by the location which it attacks; is more intractable in some forms than in others and accordingly the treatment is varied. A selection from the above applications and a persistent use of some one of the following remedies will be attended with recovery from this annoying disease.

Arsenicum alb.—Dry, scaly eruptions with destruction of the hair follicles on such places as are affected, leaving the scalp rough and dirty looking; sometimes fœtid, purulent secretion with nightly burning and terrible itching; eczema of the anus, itching with a feeling of roughness and soreness, as if the parts were excoriated; where the itching produces sleeplessness at night. Aggravation by cold in any form; from scratching; at night and after midnight; in the open air. Amelioration by external heat.

Alumina.—Scalp, face and extremities are affected; intense itching, with no relief from scratching; tendency to grow moist; the slightest bruise of the skin smarts; nails are brittle; dry skin, even in hot weather. Aggravation in the evening, and from heat of the bed; during full moon; every other day. Amelioration in the open air. If this drug is applied externally, the cure is hastened.

Calcarea carbonica.—Phlegmatic persons with light hair and blue eyes; full habit; children with hard swollen glands; fleshy children with lax fibre; no dread of water but the cutaneous affections are aggravated by water; takes cold easily; tendency to partial sweats; eruption frequently dry, burning and itching; skin cracks; deep fissures; the eruption is of the moist variety; crusts thick on the face, neck and scalp; scalp seems thin, blue veins show distinctly; chronic eruption. Aggravation in the open air; from water. Amelioration in a warm room.

Dulcamara.—Vesicular eruption on face and extremities; oozing a watery fluid; bleeds from scratching. Aggravation from cold or taking cold; in the evening; when at rest. Amelioration while moving in the warm air.

Graphites.—Obese people; despondent temperaments; light complexions; very dry skin, which never perspires; red stripes of inflammation; eruption on the left side; especially adapted to eruptions behind the ears, back of the head and in the bend of the limbs; moist eczema; sticky and profuse secretion of serous fluid; eruptions apt to become purulent. Aggravation in the evening; from cold or a draught of air. Amelioration when at rest.

Hepar sulph. calc.—Persons with light hair; glandular enlargements; moist eruption; skin is inclined to ulcerate; skin itches, burns and smarts after scratching; sores exceedingly sensitive to touch; large sores surrounded by small pustules; the eruption predominates on the scalp; useful after the abuse of mercury. Aggravation from contact; cold air; at night. Amelioration from warmth.

Ledum pal.—Eczema of drunkards; the eruption comes out after a debauch; dry eruption; gnawing, itching of the skin, sensation as though an insect was crawling over the surface; unnatural dryness of the skin. Aggravation from the heat of the bed.

Lycopodium.—Eruption first vesicular and then dry; biting and itching when becoming warm; humid eruption, with thick crusts which crack and bleed; emitting a mousy odor; eruption on back part of head, moist, smelling fœtid, bleeding after scratching or oozing with increase of crusts; great debility while at rest. Aggravation after getting heated; from wet poultices; 4 to 8 P. M. Amelioration from cold.

Mercurius sol.—Eruptions dry, and itching after scratching; obstinate bleeding and great smarting; eruptions all over the body; adapted to those who perspire easily, but no relief is afforded by it; loss of tone of all the mucous surfaces. Aggravation at night after getting warm in bed. Amelioration in the morning.

Mezereum.—Unbearable itching; pimples with inflammation around the part affected; profuse discharge; pruritis increased when scratched or when undressing; eruption of itching pustules followed by desquamation; constant chilliness.

Natrum muriaticum.—Eruption which comes in the bends of the knees and elbows, behind the ears and back of the head and neck, in the border of the hair; a humid eruption with gluey discharge, matting the hair; great rawness and soreness of the skin; smarting; light crusts form on the back of the head and neck, and along the border of the hair; the crusts are irregular, and resemble peach gum; vesicular eruption on and around the lips; lips and corners of the mouth ulcerated and cracked; borders and corners of eye-lids raw and ulcerated; itching, humid eruptions on face and chin; raw, angry-looking eruptions; eruptions developed by exercise; shooting pain in the skin. Aggravation in the forenoon; from exercise. Amelioration after lying down.

Oleander.—Vesicular eruptions about the head of children, with smooth, shining surface, and drops of serum standing out here and there; humid scaly eruptions on the back part of the head, and behind the ears, with biting and itching; gnawing and itching with red, excoriated surface.

Petroleum.—Moist eruptions with great itching; copious oozing after scratching; ulceration; obstinate dry eruptions on genitals and perinæum; eruptions insides of thighs; skin heals with difficulty; aversion to open air. Aggravation during thunder-storm. Amelioration from warmth and warm air.

Psorinum.—Profuse sweating from the least movement; where the disease occurs in low cachetic, debilitated conditions, very offensive purulent discharge; eruption spreads from the head down over the face.

Rhus tox.—Burning vesicular eruptions coming on in cold weather, with tingling and itching; eruptions on genitals; humid itching eruptions on head, forming thick crusts, having an offensive smell; falling off of the hair; hardness and thickening of the skin, with rhagades and with intolerable itching; milk-crust on the face, humid, angry-looking, forming hard, brown crusts. Aggravation from cold; getting wet; in the morning. Amelioration by motion; after scratching.

Sepia.—Eruptions during pregnancy and nursing; dark

complexioned persons and especially corpulent women; nervous excitability; vesicles ooze serum on being scratched; soreness of the skin and humid places in bends of joints and behind the ears; dry eruptions inside of elbows and knee joints; dry ringworm on faces of children. Aggravation in the open air; from cold water; after eating. Amelioration from warm air.

Staphysagria.—Humid vesicles, which are offensive, with burning and itching, about the heads and ears of children; oozing after scratching; scalp painfully sensitive; skin peels off, with itching and biting; the hair is inclined to fall out; hypochondriac; easily grieved. Aggravation from scratching; from touching the affected part. Amelioration from walking in the open air.

Sulphur.—Itching all over; burning and soreness after scratching; creeping of the skin as though insects were on the surface; eruption on the back of the head and behind the ears, dry, offensive, scabby, with cracks, easily bleeding, burning and painful; takes cold easily, with glandular swelling; cold and dry; the patient is thin and stoops in his gait; great aversion to washing and to the open air; peevish and fretful at night; burning of the palms of the hands and soles of the feet. Aggravation from getting warm in bed; washing; during full moon; from wet poultices. Amelioration from heat; in dry weather; after rising.

Viola tricolor.—Skin of the face thick, hard; eruption with intolerable burning and itching, especially at night; a hard, thick scab forms over the whole face, behind the ears; cracked here and there, from which a tenacious, yellow pus exudes, and hardens into a substance like gum; urine offensive, with an odor like cat's urine.

MILLIE J. CHAPMAN, M. D.

[For further information the reader is referred to Kippax's excellent Hand-Book of Diseases of the Skin.]

SEWER GAS AND THE GERMICIDE.

It seldom becomes necessary to chronicle a sanitary fact of so grave(?) importance as is the following:

Recently a mechanical device was brought here from the east and placed on exhibition in one of the leading hotels; the device was alleged to be automatic in action and through its interposition it was further alleged that Chloride of Zinc could be conveyed into the soil-pipe through the water-closet in sufficient quantity to destroy disease breeding germs; besides, by the use of this device it was also claimed that putrefaction of the night-soil would be delayed and emanations of sewer gas would thereby be prevented.

In order to test these claims and to satisfy the prospective stock holders, the Board of Health of this city were induced to make a series of experiments, first, showing the presence of germ life within the water-closet and soil-pipe, and secondly, the efficacy of Chloride of Zinc to destroy the same when brought into contact through the agency of the aforesaid device, known as the "Germicide."

In the first experiment an aspirator was improvised by the aid of which the gaseous bodies within the water-closet trap and within the soil-pipe were said to be extracted and being passed through a sterilizer (Pasteur's and Cohn's fertilizing fluids were both used), spores were obtained that afterwards developed harmless bacteria and nothing more so far as known. The second experiment was practically the same as the first; the only difference being in the interposition of the afore mentioned device. The microscope (one-fifteenth inch objective) revealed the presence of bacteria within the fluids of both series, although in the latter or in the fluids of the second experiment they were fewer in number and they were generally motionless. Hence because of the one fact, namely, that bacteria are rendered passive through the agency of Chloride of Zinc both the metallic salt and the device are household diseratums, and they were so pronounced by the chemist of the Health Department and by the Com-

missioner of Health of the Board of Health of Chicago. Because of the above fact, namely, that Chloride of Zinc will destroy bacteria it necessarily *shall*(?) destroy disease breeding germs and furthermore it *must*(?) delay putrefactive changes in all excrementitious substances; this is not only the inference but it is also the doctrine of our local health department. It is only necessary to add that the experiments above alluded to, are, so far as any gaseous bodies or germ life within the soil-pipe are concerned, are simply unmistakable faricidal entertainment that was absolutely void of any scientific interest.

The air, aspirated in these experiments into these fertilizing fluids in which there were developed bacteria, came from the water-closet and the adjoining room out of which the water-closet was situated and not from the trap proper or from the soil-pipe below.

The whole thing, so far as sanitation is concerned, including the fussy experiments is unquestionably a humbug.

W.

Society Proceedings.

HOMŒOPATHIC MEDICAL SOCIETY, COUNTY OF NEW YORK.

NEW YORK, April 13th, 1881.

A regular meeting of the society was held at the ophthalmic hospital. There were thirty-four members present. In the absence of the president and vice-president, Wm. H. White, M. D., was called to the chair. The minutes of the last meeting, held March 16th, were approved as recorded. The executive committee reported favorably on the nominations made on March 16th of S. H. Vehslage, M. D., and Charles G. Schlick, M. D., for membership in the society; and they were duly elected by ballot.

J. B. Thompson, M. D., nominated as a member of the society J. E. Russell, M. D., of 429 West 19th Street, New York City, a graduate of the New York Homœopathic Medical College.

John S. Linsley, M. D., read a paper entitled "The Sanitology of Odors." The weight of evidence, he said, is that aromatic trees and herbs yield Ozone and also certain compounds of oxygen, which are possessed of prophylactic and therapeutic qualities; and such trees and herbs, both of the native and exotic kinds, should be largely cultivated, especially species that are perennially fragrant and those that bloom in midsummer and autumn. Offensive odors, on the other hand, are toxic or the sign of toxic germs of disease. They are found in many plants, as *Ailanthus*, *Stramonium* and *Tabacum*, are derived from the fermentation and decomposition of animal and vegetable substances, and are the result of various chemical processes. Ozone is the universal disinfective, whether produced by vegetation, or by the electric spark and rain-cloud, or by the auroral currents of the Arctic zone. It is exhausted most rapidly in the low countries of tropical regions and in large cities. When it is deficient epidemics prevail and the death rate increases. The races that have most strongly influenced the world have lived in hilly, well drained countries, where they have practiced an elaborate system of agriculture; and the individuals who have shown the greatest force of character and the largest intellectual powers as a rule have originated in sparsely peopled districts. In New York City thousands annually perish for want of sanitary precautions. The city should be kept thoroughly clean. It ought to be one of the healthiest of the large cities of the world. The streets should be lined with trees. The balsam poplar should be largely planted for odor and shade. The stagnant ponds in Central Park should be drained off and the ground used for botanic gardens filled solely with fragrant plants. But if it were possible to make all these sanitary improvements and to have an elaborate system of ventilation in each dwelling, the city because of its dense population would still be defic-

ient in the needed supply of Ozone; and chemical Ozone must be used to supplement the lack of the natural supply. One of the simplest generators of Ozone consists of a glass jar containing an alkaline solution; through a perforated lid rises an adjustable glass rod, which holds a roll of phosphorus almost submerged in the solution. Dr. Linsley said he had used the Ozone generator and had found it very efficient as a disinfectant; and of signal benefit in a case of typho-malarial fever now in his charge.

J. H. Demarest, M. D., said he had used the Ozone generator in the case of a patient suffering from bronchial asthma, and had found it very efficacious.

J. W. Dowling, M. D., said that the students up stairs had complained this winter of the impure atmosphere of the lecture rooms, which could not well be ventilated without exposure to cold. He had had two Ozone generators placed in the upper portion of each room. The atmosphere was purified almost immediately and there were no further complaints.

J. M. Schley, M. D., read a paper on "Ascites Chylosus," in which he described the case of a patient now under his care who had lived longer after the first tapping than had occurred in any other case recorded in medical literature. The patient, Mr. W. C. H., of Connecticut, aged sixty-six, had suffered somewhat from asthma for some years prior to 1879. On the 7th of May of that year he was taken with a very violent attack of the disease, from which he was relieved by inhaling Chloroform. About the middle of July he had another similar attack; and about the last of September still another. In October, 1879, he consulted Dr. Schley. At that time he was well nourished, weighed about 175 pounds, and measured about five feet eight inches in height. He complained principally of dyspnœa on exertion and of cough. On a careful examination all that was found was bronchitis diffusa; mitral insufficiency, with slight enlargement of the left ventricle, extending a few lines beyond the mammæ; and insufficient tricuspid valve. The liver was normal in size. There was slight œdema pedum; and some

albuminuria. The uvula was very much elongated and was removed. About a week afterwards his cough had nearly left him, and in many ways he was improved. The œdema pedum, however, had extended, and the cellular tissue was very much infiltrated up to the thighs. Some ascites had set in also. From this time his condition rapidly grew worse. His daughter, who was in constant and close attendance upon him, states his condition and treatment from this time up to March last as follows:

“The swelling began at his feet and went up till it reached his eyes. In December, 1879, he commenced to take vapor baths, at first twice a week, then every night till January, 1880. His greatest size was fifty-four inches. He began to decrease in size until he reached forty-three inches in January. Then he filled up again and was reduced by the baths and the Digitalis mixture. In May and the fore part of June he was very comfortable except for weakness. In the latter part of June he took cold, from which time he increased in size. He took the Digitalis mixture twice or three times a day, which kept him from increasing. He measured about forty-seven inches. In September he began to take Elaterium, after which he was comfortable for about two weeks; he then took it again with the same result; the third time it weakened without helping him any. He went until October 9th, when he was tapped; size forty-seven inches, reduced to thirty-seven inches; thirteen quarts taken away. Tapped again Nov. 19th; size forty-seven inches, reduced to thirty-nine in.; thirteen quarts. Tapped Dec. 20th; size forty-five in., reduced to forty in.; twelve quarts, weighing twenty-five pounds. Tapped Jan. 15th, 1881; size forty-five in., reduced to thirty-nine in.; twelve and three-fourths quarts. Tapped Feb. 12th; size forty-seven in., reduced to thirty-nine in.; twelve and one-half quarts, weighing twenty-seven and one-half pounds.

He was tapped on March 17th and on April 10th of this year. Each time his breathing, etc., were immediately relieved. The case when first seen by Dr. Schley presented nothing unusual. The ascites followed the anasarca. The fluid first drawn from him ran out freely through the trocar. Dr. Dillow examined it and found it to be chyle. The treatment consisted of hot vapor baths, Digitalis mixture, Elater-

ium, and for the last eight or ten months he has been taking Ars. and Phos. 2nd trit., and occasionally Collinsonia 2x trit. for hæmorrhoids, from which he suffered. The tapping was performed as a last resort, the patient complaining bitterly of dyspnœa and being too weak to take the vapor baths, Elaterium, etc., any longer.

On March 25th last he was examined with the following results: His greatest measurement was forty and one-half inches. The lower portion of the left side of the thorax bulged in and near the region of the heart; the left side measuring eighteen inches and the right side seventeen inches. The pectoral muscles were somewhat thicker on the left side. On deep inspiration the left lung moved less than the right, and that portion of the left lung making any exertion was limited to the clavicular region. The veins over the left thorax were much enlarged; on the right side they were normal. On percussion the right side was resonant throughout. There was slight dullness from the lower border of the fourth to near the sixth rib on the right side near the sternum. On the left side in the supra- and infra clavicular space, there was a clear, resonant sound on percussion. Below the third rib, about one and one-half inches from the sternum, there was a duller tone on percussion, gradually passing into a flat sound downward and outward. Beyond the mammæ towards the axillary line, the flatness was most marked. The heart could be distinctly felt pulsating, and the apex was in a direct line with the mammary. It was enlarged both to the right and left. On auscultation in the infra-clavicular space, harsh breathing was heard. From the fourth rib down in front and in the axillary region there was no respiratory murmur. Vocal fremitus and resonance were absent. With the first sound of the heart there was a systolic murmur at apex. The second sound was not markedly altered. The aortic sounds were weak. Between the fifth and sixth ribs on the right side there was a distinct systolic murmur, not propagated to the left upwards or downwards. There was no pericardial rubbing and no pain about the chest. On the left

side, on the post wall of the thorax, the percussion sound was dulled up to the middle of the scapula. The vocal fremitus and resonance were slightly increased over the right side, and at the base there were mucous rales. There was no pleuritic rubbing. From the middle of the scapula up the percussion sound is normal. The breathing is harsh, the vocal resonance and fremitus as on the right side. In front the intercostal spaces bulge. On the right side the percussion sound is slightly tympanitic throughout, except where the right side of the heart has pushed the lung away from the thoracic wall. The pulse is regular and about 72, suspiciously full and easily compressed. When the patient is on his feet the greater part of a day, his limbs swell some as far as the knee and pit on pressure. The bowels are regular, the appetite good, and until the accumulation of fluid in the abdomen presses up the diaphragm to an uncomfortable extent, he can lie down and sleep well. The urine has been highly albuminous from the first, varying from 15 to 40 per cent. Until three months ago, Dr. Schley was unable after repeated microscopic examinations to detect any kidney cells or casts, but since then on several occasions he has found granular and epithelial casts. In his opinion, the thoracic duct is lacerated, for by measurement the patient is found to make a pint of chyle or one pound daily, which escapes into the peritoneal cavity, producing there no inconvenience except from its loss and cumbersome weight. Notwithstanding the enormous and continuous drain upon his system, he has slowly gained in flesh from the time of the first tapping in October. He partakes largely of pure country milk, some of which is no doubt absorbed immediately in the stomach. The condition of his chest has changed little since Dr. Schley first saw him nineteen months ago. His pulse is not so full as it was then and his heart has been pushed over an inch or more into the right thorax. At one time both pleural cavities and pericardium contained large quantities of exudation. His liver has not been found appreciably enlarged after the tapplings.

Dr. Schley closed as follows: "There are many ques-

tions about this case that I have asked myself repeatedly and which I have been unable to answer satisfactorily. The first is, what caused this intense anasarca, ascites, hydrops, pericardii, etc.; and second, in what relation does this growth, or (encapsulated pleuritic effusion) stand to the rupture of the thoracic duct; or did it occur when this general serous effusion was at its worst? For more than nine months he has been free from any anasarca worthy of mention and that which does occur may be caused by his anæmic state. He lost his cough entirely six weeks after the removal of his palate. The albuminuria (kidney disease did not exist at the time) could not account for it. I have finally come to the conclusion that it was caused by the unsatisfactory state of his circulation. I diagnosed on my first examination hypertrophy of the left and hypertrophy and dilatation of the right ventricle, with insufficiency of the mitral (slight murmur) and tricuspid. If this be in fact the cause of the once intense universal anasarca, it is remarkable that we have no return of it. May it be possible that the Phosphorus and Arsenic which he has taken diligently for six months has so strengthened his heart muscle and equalized his circulation that as yet we have no return of these ominous signs? I have no doubt but what I will be granted an autopsy, and my diagnoses will be sustained or found deficient. Whatever the result may be, it will find its way into print." Specimens of the chylous fluid taken from the patient were exhibited.

J. W. Dowling, M. D., said that although it might be true that the thoracic duct was ruptured, yet he thought all the symptoms—the venous engorgement, the albuminaria, the chyle in the abdominal cavity, the dropsy, the dyspnoea, and the dullness on percussion over the lung area—might be accounted for by the valvular insufficiency at the left side of the heart. If the thoracic duct should be found to be ruptured, he would ascribe that to the same cause.

Dr. Schley said that his diagnosis of the case at present was that the patient was suffering from mitral insufficiency, enlargement of the left ventricle, hypertrophy and dilata-

tion of the walls of the right ventricle, making the tricuspid orifice insufficient; and he still believed that there was more than a simple percolation of chyle through the chyle ducts of the abdomen.

J. M. Schley, M. D., delivered a clinical lecture upon chronic interstitial nephritis and parenchymatous nephritis; and exhibited specimens of diseased and normal kidney. In the first case presented the patient suffered from enlargement of the left ventricle, without any valvular disease. The pulse was hard and full and not compressible. He had suffered for years from dyspepsia. He finally died of pneumonia. The post mortem examination showed the left ventricle hypertrophied and the walls thickened, and a granular condition of the kidney. Dr. Schley had suspected granular trouble in the kidney, and had therefore carefully examined the urine, but was unable for a long time to find any albumen or casts; but finally after some ten or twelve examinations he found traces of albumen and once found casts. He had no doubt that the kidney difficulty had existed for years and was the cause of all the patient's troubles.

The second case was of a lady who died in an uræmic condition. Her symptoms had been very peculiar, and Dr. Schley was invited to help make the autopsy. On the post mortem nothing was found to account for her death but the condition of the kidneys. She had no valvular disease. There was sarcoma of the left ovary. The left kidney was entirely broken down into a cystic mass. The specimen exhibited was from the right kidney. A few hours after the patient died the urine was removed and was found to contain casts and a large amount of albumen. There was a small cyst in the kidney exhibited. The disease seemed to be a combination of granular kidney with an atrophic form of what is called the smooth, large, white kidney. Dr. Schley believed that a great many cases of chronic granular disease of the kidney were overlooked because physicians did not examine the urine a sufficient number of times. He thought kidney disease was on the increase in this country.

J. W. Dowling, M. D., expressed the opinion that the hypertrophied condition of the walls of the blood vessels themselves, causing an actual obstruction to the emptying of the left ventricle, would account for the hypertrophy of the left ventricle and also for the dilatation of the aorta.

Dr. Schley thought that the left ventricle became hypertrophied in consequence of the increased exertion made by the heart to overcome the obstruction to the passage of blood into the kidney, and that the thickening of the walls of the vessels was the result, not the cause of the hypertrophy of the left ventricle.

Dr. Dowling said that if the left ventricle was hypertrophied in every case of sclerotic kidney, all authorities would concede that the obstruction in the kidney produced the hypertrophy; but the left ventricle is not in fact hypertrophied in every case.

Geo. M. Dillow, M. D., read a paper "some pathological indications for the treatment of chronic parenchymatous nephritis." The disease to which this name is applied, he said, is an intra-tubal disease, in which the rod-like epithelium of the tubuli contorti and of the large branches of Brule's loops have become swollen, more clouded, and granular. As a consequence of the tumefaction of the cells there is diminished calibre, or even occlusion of the convoluted tubes, which become distended, varicose and more closely crowded together, thus increasing the volume of the cortical substance and giving to it an ivory white appearance. There is also found fibrinous exudation into the various tubes. Many other symptoms occur if the disease is prolonged; together with complications with interstitial and lardaceous forms of kidney disease. The signs of the disease are scanty and highly albuminous urine. Containing casts of various kinds, with anæmia, prostration, early anasarca, and perhaps hydro-pericardium, hydro-thorax, ascites, and œdema of the lungs and brain. Its immediate exciting cause can often be traced to prolonged exposure of the skin to a damp cold atmosphere, to exposure to cold when over-heated or in a state of intoxication, to the exan-

thematous diseases, and to renal irritants, as alcohol, etc. Its duration is generally limited to a few months; and its tendency is to recovery, if properly treated. Persons suffering from it should use flannel under clothing, and their skins should be carefully protected from draughts of cold air. Warm baths should be used according to the strength of the patient; but profuse diaphoresis should be avoided. The aim should be not to divert the water from the kidneys, where it is imperatively needed, but only to keep up a gentle, constant, free action of the skin. The bowels should be kept normally open by Homœopathic medicine or by enemas if necessary. The diet should be spare, and much nitrogenous food is contra-indicated. Water should be drank freely, because it relieves congestion of the kidneys by flushing the tubes, washing out the casts, and promoting the elimination of urea. These means will often effect a cure without medication. The tendency of the disease towards recovery should make physicians cautious in their clinical deductions; and reliance is to be placed rather upon the similarity existing between the results of drugs and the morbid manifestations. Dr. Dillow discussed the following remedies as showing an effect more or less analogous to chronic parenchymatous nephritis: Apis, Arsenic, Cantharides, Mercurius corrosivus, Phosphorus, and Terebinthina.

The minutes of the meeting were read for correction. Adjourned.

F. H. BOYNTON, M. D., Secretary.

The Relative Merits of Different Modes of Wound-Treatment.—In a paper, read before the Birmingham and Midland Counties Branch, and printed in the *British Medical Journal*, October 1880, p. 695. Mr. Sampson Gamgee enters very fully and yet concisely, into this important subject; the object of the paper being to show that rest, position, and pressure are the trinity of the healing surgical graces. The value of position and rest are generally well understood; but, in Mr. Gamgee's opinion, the value of pressure, as a therapeutic agent, is inadequately appreciated by the majority of surgeons, even the most enlightened. Mr. Gamgee believes that cases thus treated will bear favorable comparison with those submitted to Listerism. The whole paper is highly suggestive and well worth careful perusal.

Surgical Department.

TWO CASES OF RAPID LITHOTRITY.

BY CHARLES M. THOMAS, M. D., PHILADELPHIA.

CASE I.—M. S., aged sixty-five years, consulted me at the suggestion of Dr. Wareheim, of Glenrock, Pennsylvania, in September, 1879. He had always been in good health up to about 1875, when he began to be troubled with frequent and painful urination. These urinary symptoms increased rapidly, so that within a year he suffered almost constant pain both at the neck of the bladder and end of the penis, made very much worse in walking or riding over a rough road and immediately after urinating. The pain and urging to urinate were so constant as to entirely deprive him of sleep for nights in succession. Had occasionally passed some small particles of sand-like substance. Had lately had frequent incontinence of urine. His father and a brother had suffered for years with the gravel.

Examination at my office showed a capacious but irritable urethra; hypertrophied prostate; moderate-sized, extremely sensitive bladder, holding at least two good-sized stones. Kidneys and heart apparently normal. During the first week in October I crushed and removed in two sittings of about a half hour each five hundred and ten grains of uric acid fragments.

This being my first case of lithotritry after Bigelow's method I had much hesitation in prolonging the operation to even a half hour, never having before allowed my lithotrite to remain in the bladder in any case longer than five minutes. After neither of these sittings was there more than a degree's elevation in temperature, and no suffering or uncomfortable sensation whatever.

The vesicle sphincter became quite competent immediately after the first operation, and the intervals between urinations

increased from a few minutes to three hours. Indeed the patient felt so well two days after the second sitting that he insisted upon going home, although I felt sure that his stone was not completely removed.

Early in January, 1880, I was therefore not surprised on again finding him in my office, presenting his old symptom in a milder form. He had experienced complete relief for only about a fortnight after the operation. On January 13th, 1880, I crushed and removed two hundred grains, leaving apparently nothing in the bladder. At this sitting I made a trial of Bigelow's lithotrite, but finding that it clogged with debris equally as much as my Thompson instrument, and was to me clumsier to handle, I was not encouraged to continue its use.

On the first of last month I received a third visit from my patient, who stated that for many weeks following the operation in January last, he had entire relief from his old symptoms, but that ever since, he had experienced a gradually increasing, heavy dull aching in the perinæum or about the neck of the bladder, and a sharp pain at the same place during the end of urinating, always of the same character, and in the same situation, with more frequent calls to urination, which he accomplished with much difficulty. He felt sure there must be "a stone sticking fast in his pipe." My exploring sound, as it entered the bladder, seemed to strike with its under surface a rather broad calculus, lying apparently back of and to the left of the prostate, and as it was not changed from this position either by injections into the bladder or in any position of the patient, I was led to suspect a partially encysted stone. On September 9th I introduced a lithotrite with the patient under Ether, and by turning the blades well to the left grasped a stone about an inch and a quarter in diameter, but could not rotate it from its position, nor could I satisfy myself that a fold of mucous membrane was not included with the stone within the jaws of the lithotrite.

I therefore refrained from any attempt at crushing, and fully distended the bladder with warm water in order to dis-

place what mucous folds might overlap the surface of the calculus. Then grasping it again, I succeeded after a time in rotating the instrument with the stone in its jaws. After this there was little further difficulty, but as in the first washings some blood and threads, apparently of mucous membrane, appeared in the trap, I did not push the operation to complete removal of the stone, not knowing how much damage I might have already done the bladder in the dislodgment of the stone. After drying, the debris from this sitting weighed two hundred grains.

No troublesome symptoms following, I again etherized him on the 14th, six days later, and crushed without difficulty; but as the working of the evacuator became defective through a leak, by which air was admitted to the bladder, I again was obliged to stop the operation before completion, after washing out two hundred grains more. On the 20th, no sign of irritation having shown itself from the operation, fifty grains were removed in a few minutes by crushing and washing, and without giving rise to the least inflammatory disturbance either locally or generally. At the end of the last sitting, as no sign of the stone could be made out, either with the sound or by free circulation of water through the bladder and evacuating apparatus, he was dismissed as cured, and feeling, as he said, just as well as ever in his life. Two days later he left for his home, and has within a week notified me of his perfect health.

CASE II. J. G., aged fifty-two years, a patient of Dr. Korndorfer, presented himself at my office in June last, complaining of the usual symptoms attending stone in the bladder. Examination showed the presence of two calculi, one of which was about a half inch in diameter. He desired an early operation. From June 26th to 29th he was kept quietly in bed on a light diet, and directed to drink freely of Vichy water, in order, by dilution, to render his urine as unirritating as possible. Arnica 30x was administered twice daily.

Before operation his heart and kidneys were examined and found normal.

At 11 o'clock A. M., on the 29th of June, litholapaxy was performed, and one hundred and sixty grains of calcular fragments removed. The whole procedure lasted forty-five minutes. Immediately after, the patient was placed in a warm bed and hot fomentations applied to perinæum and over bladder. At 5 P.M., temperature 101.3°; Arnica and light diet continued. At 7.30 P.M. temperature 100.4°. As there was no sign of vomiting, a liberal supply of Vichy water and flaxseed tea was ordered.

June 30th (2nd day), 8 A. M., temperature 99° scant, pulse 84. Had slept during night, and had no pain; slight stain of blood in urine; passages much less frequent than before operation. Poultices removed; diet to be mainly broths of beef or mutton and plenty of raw milk.

2 P. M., urine clear, passed with little pain; temperature 99.7° full; slightly flushed; stopped Arn. and gave Acon. 3x. 7.45 P. M., temperature 98.4°; stopped Acon.

From this time on he made an almost uninterruptedly good recovery. Three days after the operation felt well in every way, could retain urine two or three hours, and pass it without pain.

On July 7th (nine days after operation) I directed him to take a ride in a street-car over a rough road, which he did without experiencing the slightest annoyance. July 8th examined the bladder very carefully with sound, and failed to find a trace of stone, nor has he since, to my knowledge, shown any evidence of the disease.

Although the total number of cases in which this method of lithotripsy has been employed is still too small to enable us to judge fairly as to its ultimate position in surgical procedures, yet from the universally favorable reception it has received, both in this country and in Europe, it evidently bids fair to take a higher rank than would ever have been attained by lithotripsy as performed according to the older method.

Consultation Department.

ANSWER TO X. L.'S CASE.

Page 302, March 15th number. Sulphuric acid 6x, better 12x, five drops to the ounce of water. Give a teaspoonful every thirty minutes ; when better, at longer time ; when well, stop. Renew when necessary. This will control the most troublesome symptom, perhaps the entire case. Please report results. W. L. MORGAN.

P. S.—Prepare dilutions fresh.

MEASLES AND PREGNANCY.

In the next INVESTIGATOR I would like to see an article on measles and pregnancy. An Old School physician here has informed a family where the wife is seven months gone pregnant, and has been exposed to measles, that no doctor except he be a humbug, will ever pretend to do anything for such a case, as it is certain death. If this is true, I should like to know, so I can advise all my friends to expose their little gods to measles while young. I have never read anything of the kind, and am anxious to see an article on the subject.

A. R. H.

ANSWER TO CASE.

I am very much interested in reading Dr. H. S. Knowles' case, it being the perfect picture of numerous cases that have and are now under my care. In my judgment, spinal irritation is the great cause of all, and curing this most of the other symptoms will disappear, although there may be uterine difficulties that may run on. My advice is to give Nux 3x, Gels. 2x, and Ignatia 2x and the following way of preparing them, as this is with the aid of sugar of milk or dispensing powder make formulas of these remedies, and for three days or a week give about two grains every three hours, and with the first indication of benefit, three times a day, early morning, about 11 A. M. and on retiring.

S. B. TOMPKINS.

CASE FOR COUNSEL.

Mr. S., aged thirty-one, case given in his own words ; nervous bilious temperament. Beginning of sickness April 2, 1879 ; was feeling well and worked hard all day ; in evening felt very tired ; sat down to rest but seemed to grow more exhausted, until arms and legs begun to get numb, tongue to swell accompanied with shortness of breath. This lasted two or three hours ; was relieved by free perspiration brought about by steaming with boiled corn. This was followed with nausea and sickness for several days ; had soreness of breast.

and burning in stomach; no appetite; bowels constipated during this time had difficult breathing more or less; slight cough; pain in head, sometimes in back part, at others over the right eye. Chills followed with fever, aching of the bones, coldness of feet and at other times burning of the soles; bleeding from the nose; vertigo; great prostration; belching of gas; palpitation; pains all over chest and under shoulder blades; ptialism. In about three months had the second attack; had no appetite for the first year of sickness since that time have had more, but variable. Am troubled with dullness, faint feeling about stomach, at other times have burning or coldness in region of stomach, liver and kidneys; great nausea at times; urine scanty and high color, leaves a brick-colored sediment sticking to vessel, at other times clear and large quantity; sleep troubled with frightful dreams; could not lay on *right side* for a long time without causing nausea. Tongue coated white at back part, at times have slimy stools; soreness of bowels; feet swell and will bloat up all over; spots before eyes when reading; smarting, cracking in ears. He has been confined to bed about six months in the last two years, and to his room only about eighteen months. When the weather is fine can walk out around the yard. Find some enlargement of liver, quite emaciated. Sometimes feels as if could not eat but upon sitting down makes a fair meal. Has been under Old School treatment up to within the last ten days they sent for me. He is on *Lycopodium* 30 but can see no change yet. If there is any of ye learned M. D.'s can give any information on above case, it will be thankfully received, as Homœopathy is a new thing here.

L. C. W.

Medical News.

J. G. Gilchrist, of Detroit, has removed his office and residence to No. 66 Howard street, corner of Second.

Dr. R. L. Hill, of Oakland, Cal., has entered into co-partnership with *Dr. A. Liliencrantz*. He writes: "I like this country very much and hope my health will be restored."

Died.—At Clinton, Iowa, *Homer K. Winne*, M. D., aged twenty-four, junior partner of the firm of *McAfee & Winne*. *Dr. Winne* was crushed to death between the depot platform and a Chicago & Northwestern train which he was attempting to board. He graduated only two years ago at the Chicago Homœopathic College, and was a young man of promise.

8th, 9th and 10th. A large number of prominent physicians will be present and many valuable papers read. All papers should be addressed to the chairman of the respective bureaux, a list of which is appended: *Sanitary Science*.—G. W. Foote, M. D., Galesburg, Ill. *Pharmacy*.—T. C. Duncan, M. D., Chicago. *Materia Medica*.—L. Sherman, Milwaukee. *Obstetrics*.—Julia Holmes Smith, M. D., Chicago. *Gynæcology*.—M. M. Eaton, M. D., Cincinnati. *Pædology*.—Sarah C. Harris, M. D., Galena, Ill. *Clinical Medicine*.—W. J. Hawkes, M. D., Chicago. *Surgery*.—A. S. Everett, M. D., Denver, Col. *Ophthalmology and Otology*.—C. H. Vilas, M. D., Chicago. *Psychology*.—N. A. Pennoyer, M. D., Kenosha, Wis. *Statistics, Registration and Legislation*.—R. L. Hill, M. D., Oakland, Cal. All communications, applications for membership, etc., should be addressed to the general secretary.

C. H. GOODMAN, M. D., 2119 Pine St., St. Louis.

A Medical College as a financial investment is an American idea. The one man college or an endowed institution with a limited salaried faculty will rapidly be overshadowed by joint stock enterprises in the United States. They secure the best teachers and classes and at the same time keep up both requirements and fees. As an example Rush Medical College of this city, the leading Allopathic school in the west, built by stock, chiefly held by the faculty and leading physicians, pays an annual dividend of over 20 per cent.; \$30 on every \$100 stock is an enormous annual dividend! The Woman's College with a small class, on the same basis, now pays 8 per cent. With this sort of attraction it is not strange that another new college should be set on foot in Chicago by the side of the County Hospital—the largest clinical centre outside of Vienna, supported by public funds. The Chicago Homœopathic College is to build on this stock basis, and they guarantee a 6 per cent. dividend the first year.

Medical Society Meetings.—Members and delegates take due notice and govern yourselves accordingly.

Ohio, May 10 and 11, in Toledo.

Illinois, May 17 and 18, in Galesburg.

Iowa, May 19 and 20, in Ottumwa.

Michigan, May 17 and 18, in Ann Arbor.

Minnesota, May 17 and 18, in St. Paul.

Wisconsin State Homœopathic Medical Society, June 1 and 2, in Fond du Lac.

Western Academy of Homœopathy, June 8, 9 and 10, in Chicago.

American Pædological Society, June 13, in New York.

American Institute of Homœopathy, June 14, 15, 16, 17, at Brighton Beach.

Ophthalmological and Otological Society, June 14, at Brighton Beach.

World's Convention of Homœopathy, July 11 to 14, in London.

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Eye and Ear Department.

ESERIN IN GLAUCOMA.

BY JAMES A. CAMPBELL, M. D., ST. LOUIS.

The great value of Eserin in glaucoma is so generally accepted that it scarcely needs argument. Its influence upon globe tension, ciliary pains, etc., is also a matter of every day observation. But the questions as to its degree of reliability and its permanency of action in glaucoma are still open to discussion. If we were to accept the conclusions of Landesberg,* in his excellent article upon the subject, we would regard "Eserin not only an unreliable, and in most cases, a worthless remedy in glaucoma, but also a very dangerous one, which by its primary results, may lull the patient, as well as the attending physician, into a delusive security, endangering thus the favorable chances of another more efficacious therapeutic action." That there is much truth in this is not to be denied, but that it admits of a universal ap-

*Archives Ophthalmology and Otology. Vol. VII—2.

plication, or that it has no exceptions, both statistics and experience negative.

Dr. H. Knapp† reported a case of acute glaucoma, which was promptly, completely and permanently cured by the instillation of Eserin. This was two years ago, and was evidently exceptional, for he informs me that he has had no such marked success since. One case only proves a possibility, but can never establish a law. I, like others, have been disappointed with the action of Eserin in glaucoma, but I introduce the subject for the purpose of placing on record a case, which was not only successful but somewhat remarkable.

In August, 1879, Capt. John S., a well-known steamboat captain of Cincinnati, was sent to me with the following history: Age sixty-two; habits strictly temperate; general health good; had been a river captain for many years; had never had any trouble with his eyes before, except that the right eye had always been a little amblyopic. He recalled that he had seen colored rings around the lamp-light for possibly a year. Five or six weeks before presenting himself to me he observed a "blur" before left eye when reading, which he tried to wipe away. His glasses, pby. 13, did not seem to suit him quite so well as before; thought he needed a stronger pair. At first there was no pain of any consequence, but soon left eye became irritated; was red and uncomfortable. This continued until about ten days before I saw him, when one drop of Antropia sulph. (gr. ii to 3i) was put in left eye. Almost immediately after this was done the eye became very painful, also head and brow about the eye; and within one hour after the instillation he could not see his hand before his face with that eye. The eye remained very painful for several days, then the severity of the pains gradually diminished, but sight did not return; he could only distinguish between light and dark.

The examination revealed as follows: Not much pain now. V. L.—Only quantitative perception; can not count fingers at any distance. T. = + 2. Conjunctival and sub-

†Ibid. Vol. VII-1.

conjunctival congestion; eye suffused with water; cornea slightly hazy, with fine punctated spots on surface like dust on glass; its sensibility diminished; anterior chamber narrowed; iris seemingly a little discolored; pupil medium in size, with little, if any, reaction to light.

Owing to corneal and aqueous haziness or vitreous turbidity, could not see fundus of left with ophthalmoscope, but examination of right showed a yellowish-white ring encircling o. d., with perceptible displacement of vessels from slight glaucomic cupping.

It was clearly a case of acute glaucoma, developed by the use of Atropin in an eye predisposed.

The situation was fully explained to the patient, and the probability and necessity of an early operation made clear to him. Two drops of a solution of the Sulphate of Eserin, (gr. ii to $\bar{5}$ i) was dropped into left eye, and the patient was instructed to report in the afternoon. In the afternoon he came in, and as he approached me the excited look he wore gave me some anxiety. Without waiting for me to ask any questions, he exclaimed: "Doctor, I do not know whether it is all right or not, but in about an hour and a half after you put those drops in, my sight came back to me, and I could see to read a newspaper." An examination showed his statement to be correct. T. was reduced to $+1$. The irritation was less, the cornea clearer, but still with a shade of haziness. With his pby. glass $+13$ he reads J. 5.

The Eserin sulph. was continued three times a day. On the following day the improvement still continued; T. reduced to nearly normal, and the congestion and irritation was gradually receding. During the night of the third day some exciting episode disturbed his rest, and on the following morning T. = $+1$; cornea hazy again and the external congestion was increased. This was only temporary, and yielded again in a few hours to the Eserin, which was continued three times daily. The improvement continued, and at the end of ten days the condition was as follows: V. L. = 15-20, with pby. $+13$, J. 1; eye nearly entirely free from all irritation; fundus plainly seen, showing slight

glaucomic cupping, with chorioidal disturbance in ring form around o. d. The patient volunteered the statement: "I see as well now as I ever did in my life." The Eserin was kept up at lengthening intervals for some weeks, with no return of the trouble. He was cautioned as to the care of his eyes, and instructed to use the Eserin every week or ten days for some months; and ten months after the first treatment he has suffered no relapse, nor has he experienced any trouble with the eye during that time. The eye was, as he put it, "as good as new."

As a conclusion from the above, I do not mean to affirm that the case was anything more than exceptional. Nor do I think that the reappearance of the trouble is at all improbable, for neither iridectomy nor sclerotomy offer, any such surety. But the case is before us, and the lesson it teaches is obvious. The danger, the inconvenience and the uncertainty of an operation were avoided, while the result was all that could be hoped for under any line of treatment.

Microscopical Department.

MICROSCOPICAL METRICAL MEMORANDA.

BY JOHN C. MORGAN, M. D., PHILADELPHIA.

PICRIC ACID, AND RED-BLOOD GLOBULES.

According to Rawsin, and after him Prof. S. H. Gage, of Cornell University, (who has made some researches and experiments with amphibian blood,) one of the best preparatives and preservatives of the red globules in their normal condition for microscopic purposes, is a saturated solution of Picric acid. (*See Am. Journal of Microscopy, Vol. I, page 247.*)

Blood globules in goitre. I (M) have recently examined the blood of a lady during an acute exacerbation of a chronic

goitre. The red globules were distorted, irregular, and nucleated. After Bryonia 200, the exacerbation subsided, and the globules became normal.

Blood stains in medical jurisprudence (and mosquito-bites).

Dr. Chas. G. Curtman, of St. Louis, calls attention to a very important matter connected with this vexed subject—viz: that human blood may be conveyed by insects to the clothing, etc., of other persons, if the insect (the mosquito in particular) be crushed, the stain is left. On examining this with the microscope, the blood-globules in dilute glycerine measured 1-3200 inch—a fair average dimension, according to many; in 80 per cent alcohol, 1-4000 inch. Mosquito-blood-globules, *per se*, measure four or five times less.

Preservation of perishable microscopic pathological objects, animal and vegetable. *Renal epithelium*, tube-casts, algæ, etc., have been found to keep well in the following solution:

Saturated solution of

Acetate of Potash, 3ij
Distilled water, ʒiij, ʒvi
Salicylic acid—q. s. to saturate.

This has proved preservative, both in vials and on slides, for three years, according to Henry Frahling. (*Am. Jour. of Mic'y*, Nov. 1880, page 254.)

Prof. J. B. Marvin equally commends (page 250,) albuminous urine containing bile, the preparation to be made while fresh, of course. He also suggests Iodized serum, with bile added. Fungi of skin-diseases should be tried thus. They become visible under the microscope, after treating the cuticle with a drop of liquor Potassæ; but hitherto, their preservation had not succeeded well.

The metric system in America. It will do no harm to refresh our memory on this subject. Americans have an omnipresent “metric standard” in the *five cent nickel pieces*.

These are *two centimetres* in one diameter.

They weigh *five grammes* each, the stamped FIVE recalls this.

Five of these in a row = one decimeter.

One cubic decimeter=*one litre*

The gramme=one cubic centimetre (of distilled water) at standard temperature, pressure=15 grains +.

Four grammes=3i +.

Fifty nickel-pieces in a row=*one metre*.

The meter=39 4-10 inches=*one yard* and *one nail* (nearly.)

The "dioptric," in ophthalmology=*one metre*=the measure of refraction of a lens of (nearly) forty inches focal length.

One-tenth of one centimetre=*one millimetre*.

Homœopathic vials are uniformly numbered by writing their length in millimetres, followed by the figures denoting their breadth, also in millimetres; all in one continuous numeration.

Homœopathic pellets are numbered by placing *ten* of the same size on a millimetre scale, in one row. The number of millimetres over which they thus extend is the official number of such pellets. For instance, No. 40 is so called because ten of them measure forty millimetres; and so on.

Greek prefixes increases the denominations decimally; *Latin prefixes* diminish in like manner—(contrary to the custom in chemistry.)

Intravenous Injection of Milk.—In the *London Medical Record*, May, 1880, p. 187, will be found the report of Dr. Meldou's early cases, in which he transfused milk with the effect of curing four out of ten moribund cases and prolonging life in the others. In the *British Medical Journal*, February, 1881, p. 229, he states that he has now performed the operation twenty times. Twelve were cases of phthisis, in which the patient was moribund; in every instance life was prolonged, but the general feeling left upon his mind was one of disappointment at the very temporary improvement; and, beyond prolonging life for a few months, Dr. Meldon does not, in phthisis, anticipate great results. Four cases of pernicious anæmia were cured. Two cases of exhaustion from hæmorrhage were cured. Two were cases of exhaustion from typhoid fever, one of which recovered. To prevent the possibility of the milk being at all acid, ten grains of Carbonate of Ammonia are added to six ounces of goat's milk, if it be possible to obtain this, because the animal can be brought nearer to the patient, and the milk be transfused in a fresher condition than from any other source.

Therapeutical Department.

IODINE IN PRURIGO.

While treating the wife of Rev. D., my attention was called to an eruption on the neck, just below each ear, of the husband. Owing to the absence of a Homœopathic physician, the case was presented to an Allopath a week or so before my arrival. Fowler's solution, in five-drop doses, was prescribed, but the dose sickened him and he stopped treatment till I saw the case.

About a month before the minister's horse had run away, throwing him violently upon his head in a ditch where the earth happened to be soft. An injury of the spinal cord, in the region of the last dorsal vertebra, was the only apparent result. He had recovered almost wholly from this injury when I saw him, and the two diseased conditions seemed merely coincident. He had been in the habit of wearing paper collars, but the fact that he had worn them for years failed to indicate a causal relation. Personal and domestic cleanliness eliminated a very common cause of the disease.

The eruption had the characteristic shot-like sensation to the touch and was diagnosed prurigo. The general health of the patient seemed so good that no constitutional symptoms whatever could be elicited. Of course, I might easily have induced him to imagine various visionary idiosyncrasies, but I did not choose to rummage for a symptom of Sulphur, or Graph., or any other remedy for the mere love of fitting the case to a favorite drug; but rather that all the symptoms given should be real, even if I could not have the satisfaction of "covering the case" exactly. The eruption was extending to the forehead. The skin was red and œdematous and an occasional capillary very much dilated. The pruritus was so intense that the patient would peel the epidermis off with his finger nails during sleep. Sulphur

high and low were alternately given without any result, except the spread of the disease.

The patient finally became more observant. He noticed that cold greatly aggravated the trouble. Sulphur and Lycop. had successively been given for a period of three weeks. With this new and only additional symptom as a suggestion, Rumex was given on the strength of the clinical case reported in the U. S. MEDICAL INVESTIGATOR, but without effect. Ars., Graph., Zinc, Merc., and Tellurium were successively given, but no improvement followed. For allaying the itching external applications of Chloroform, Carbolic acid and Carbolate of Soda were used with variable effects. Lead acetate externally proved useless. Following the habit of the Berlin Clinic, Balsam of Peru was used without result. I tried Chrysophanic acid externally and also gave the 3x internally. For a time it afforded relief and checked the progress of the disease, but after ten days its usefulness had departed. I almost despaired of curing the patient.

While in this state of mind I saw Iodoform recommended in Ringer's Therapeutics. When this was prescribed I had treated the case nearly three months. Occasionally Sulphur water from a Sulphur spring in the vicinity had been used without appreciable effect. In spite of all, the disease had spread over forehead and face. The patient was greatly disfigured and his sufferings were horrible. I gave him the following prescription:

R

Iodoform	3
Cosmoline	3

The Iodoform ointment was applied twice a day and in ten days effected a complete and perfect cure.

Since writing the above I see my last INVESTIGATOR (Apr. 15) calls attention to the use of Iodoform as a local application in pruritus vulvæ.

S. C. DELAP.

IS THE INSTITUTE HOMŒOPATHIC?

MR. EDITOR: If you will allow me a little space in your valuable journal, I would like to say a few words and ask a few questions, hoping thereby to gain some information in regard to many things which seem to me quite a mystery. First of all, the great cry of the American Institute of Homœopathy is liberality; "liberality of medical opinion and action," now why do they harp upon and preach that up so constantly, when they do not practice what they preach. For instance, if any member of that body has views and ideas not in perfect accordance with the majority of the mongrel members, they are put down at once, and not allowed to give them. Is *that* liberality? If it is, then I do not know the definition of the word. The "Institute" is liberal only to those who think as they do, not towards those whose opinions differ in the least from theirs. Surely there is no encouragement for anyone holding different views, to speak, in such a "close communion" meeting. The Institute in my opinion is conducted entirely upon a wrong basis. Instead of being a place where every subject pertaining to Homœopathy can be freely discussed by each person, in their own way, there seems to be a prescribed rule that every one must follow, or be sneered at. I cannot understand what knowledge one is expected to derive from a society where there is not perfect liberality of speech extended to every member. I attend these meetings for the purpose of information, feeling that I am not yet too old to learn (for I do not reside in Boston), but each time I go, I think that I will not attend another, for it really seems a useless expenditure of time and money, without a satisfactory equivalent. I am a Homœopathist, and supposed the "American Institute" also Homœopathic, else why the name attached. Why is it, I ask, that so many of our school are drifting towards Allopathy or Eclecticism, for according to their own reports I fail to see wherein the members of the Institute—with few exceptions—differ from Allopathy or Eclecticism in much of their practice. Under these circum-

stances can the Institute ever expect or hope to bring into its ranks the so much needed intelligent *pure* Homœopathic physicians scattered everywhere throughout our country? I admit that it requires a thorough and intelligent physician to understand the proper Homœopathic remedies indicated in disease, while *any* ignoramus can give a prescription of Quinine, Chloral, Iron, whisky, etc., and that may account for so many Homœopathic physicians prescribing Allopathically, they preferring to follow in the footsteps of the "Old School," rather than to study for themselves. But is there not a few, at least, among the mongrels who have intelligence enough (Bostonians excepted) to understand *true* Homœopathy, if they would only *study* it?

A friend of mine who was quite ill, was urged to discharge his Homœopathic physician, for a mongrel, his friend saying the latter will give you *anything* you want, whether Homœopathy or Allopathy, etc. The patient replied by saying, "when I want to be treated Allopathically I will send for an Allopathic physician, but I don't want one of these Jack at all trades, for they are good at none, I shall stick to Homœopathy." I ask, can Homœopathy progress under all these circumstances? No! it would die out in a few years, were there not *true* ones among them who are willing to and *will* fight for it. An Allopathic physician can command respect because he is honest and practices what he professes; but a mongrel cannot obtain the confidence of either Allopaths or Homœopaths, for he is neither one nor the other, and must expect the jeers of all honest, respectable and intelligent people. The American Institute can never under its present management extend its influence beyond mongrelism, for men are not willing to join a society where there is no more liberality of speech shown them.

There is a certain little man who seems to think it devolves upon him to do the most of the talking at the Institute, but if he could only be made to see himself as others see him, I think he would make himself less conspicuous and disagreeable. For several years this same little self-conceited man has made his voice (which is evidently music

to *his* ears) heard, by objecting to any and everything brought before the Institute which pertains to pure Homœopathy. Now why don't this little one resign from the Institute if he does not want to know or hear anything of Homœopathy. His smile it is "childlike and bland," I know, and "for ways that are dark and tricks that are vain," the Boston professor's peculiar, still, I think the Institute *would* exist without him.

A LADY.

WHY NOT?

Some time ago, the writer of this article, in a private letter to the editor of this journal, offered some criticisms on *THE INVESTIGATOR*, both favorable and unfavorable as to the subject matter which appears in it, etc. It is unnecessary to repeat those criticisms here, but will simply say that we are glad to see that *THE INVESTIGATOR* is growing better and better all the time; manifestly, the publishers and editorial management are doing all they can to make it a first-class journal. In this laudable undertaking they should certainly receive the hearty co-operation and substantial encouragement of every *live* Homœopathic physician, at least of those residing in the United States. While we do not wish to criticise any journal in particular, we do, however, wish to offer a few criticisms on our Homœopathic literature in general, and to suggest to the profession a plan to remedy what we consider a serious defect.

A thoughtful reader of our literature cannot help realizing the fact that there is a great dearth of *ability*. True, there is not a journal perhaps in our school that does not contain *some* excellent articles during the course of each year; but the great bulk of the literary material in our journals is evidently written by obscure and mediocre practitioners. Young fellows—on whose diplomas the ink is scarcely dry—wiser than seven men who can render a reason

are over-anxious to rush into print. Effusions from this class of writers should be consigned to the waste-basket!

Aside from therapeutics (a comparison of which is inadmissible), where is there a journal of our school that will compare in ability with *The Medical Record*, *The American Journal of the Medical Sciences*, *The American Journal of Obstetrics and Diseases of Women and Children*, and many others we might mention? This is not because we do not have able men in our school, but because our able men do not write for our journals. Why is this so? Not because they are unwilling to write but because the proprietors of our journals cannot afford to sufficiently compensate them for their labor. Most, if not all the articles published in our journals are gratuitous contributions. Our ablest men are our busiest men, and they cannot afford to work for nothing—they already have fame, they want something more substantial. Can they be induced to write? They can. How? Simply by paying them for their labor.

A proposition was made last year to change THE INVESTIGATOR from a semi-monthly to a weekly, and raise the price to five dollars a year. I have a suggestion to make: Raise the price of this journal to five dollars per annum and let it remain a semi-monthly, devoting these extra two dollars on each subscription for the payment for articles written by able men. Estimating the subscription list at 3,000, this would create a fund of \$6,000. This would secure the services of six able men, each to prepare twelve articles per annum, making a grand total of seventy-two, which would be three for each number of THE INVESTIGATOR. We think such men as Hale, Ludlam, Guernsey, Cook, Helmuth, Franklin, Wilson, Parsons, Vilas, etc., could be secured to prepare a series of twelve articles per year on their specialties for \$1,000. Some may ask wherein this plan will benefit the publishers of THE INVESTIGATOR. In the immensely increased patronage which will surely follow, for were it known that this journal would contain seventy-two articles each year from the pens of such men as we have named, and others equally eminent in the profession, every Homœ-

opathic physician in the land would "cry for it" as children are said to do for Castoria. Isn't this plan practicable? If not, why not?

J. H. KIMBALL.

LITCHFIELD, Ill.

HOW TO GET POSTED.

Dr. ——. "Dr. Duncan, I want to get better posted on diseases of children, and come to attend your lectures. I want to be able to diagnosticate a disease from the appearance of the patient. I am coming to put less and less confidence in what people tell me."

Dr. D. "I presume that you have my works on Diseases of Children, especially the large two volume work?"

Dr. ——. "No, I have not. I purchased your popular work for my daughter, and found many valuable suggestions in it."

Dr. D. "You have I presume the little pamphlet, "How I Examine Infants?"

Dr. ——. "I have not seen it."

Dr. D. "You have studied the Diet Rules and the division of children into acid and alkaline?"

Dr. ——. "No! Well, I am waiting for the new revised edition of your work in one volume. I am sorely tried over this getting out repeated editions of a book. No sooner do you get one edition than another is announced."

Dr. D. "You get the worth of your money do you not? I like to get hold of various editions. We learn by comparison. Medicine is a progressive science, and we learn the changes in views, advancements and discoveries that are constantly being made. For example: Meigs and Pepper's work has gone through four editions. The basis of the work originally was Rellet and Barteze. Each edition contains much new and valuable matter. West's work has run through five editions, each contains new matter enough to pay the purchaser. Smith's book based on Billard has

reached a fourth edition, and each is equally valuable to the student of pædology. Bouchut's work has run through several editions, and each are equally valuable. The same might be said of Eberle's, Churchill's, Ruddock's, etc. The first edition of my two volume work was really an epitome of the whole literature and worth far more than the price, you might say that it was the cream of my whole library. The revised edition, really the third, will be a great improvement over the first edition. The first edition, as I said, was an epitome of the whole subject when it was written four years ago, but since then, of course, important advancements have been made. In some sections little change has been made. You see I have a large library of books on children. Some I never look into—they are but duplicates of each other. I prefer several revised editions of one work, for then you are sure to get the improvements and their relative value, from one competent to judge. Again there is a chance to correct errors that always creep into a first edition. But one who waits for a second edition loses much valuable information. I am amused at some physicians who wait for new editions which are slow to appear, and then lament their ignorance on that very subject."

Dr. —. "Well, I guess you are right. I have only looked upon it from the money side."

Dr. D. "Knowledge is money to any physician. Money spent for books is the best investment for a physician, that bring him compound interest."

Dr. —. "You are right."

Dr. D. "Have you any objections to our talk being published?"

Dr. —. "Not the slightest, if you do not give my name. It may open the eyes of other physicians as it has mine."

Dr. D. "Buy books, read and compare, that is the way to get posted on any subject."

A NEW DEGREE IN MEDICINE.

Nearly six years ago I addressed a communication to the board of regents on a subject which was then, and I think, still is of interest to the medical profession. Its adoption now would do much to elevate the medical profession. It would soon make a wide chasm between the studious and talented physician and the loud-mouth quacks which the stringent laws of other states, and of Canada have driven into Michigan. It would help the people to judge correctly between the qualified physician and those adventurers who prey upon the credulity of the sick. The pretentious quack who claims to be the inventor of some new and remarkable kind of gas known only to himself, and who pretends to tell the exact number of nerves and muscles in a pig's nose with his wonderful instruments, can be mildly punctured of his superfluous gas and thus reduced to his truly infinitesimal proportions. His astounding degrees, *all bogus*, of A. B., A. M., M. D., LL. D., C. O. D., (the last three letters show how all the others were obtained), etc., from institutions which he never attended, nor even saw, can be looked into. Indeed much good to both people and profession would result therefrom.

The document referred to was as follows:

“That the board of regents of the university of Michigan confer the degree of M. S., master of surgery, on all who comply with the following conditions:

“1. All graduates of medical colleges or universities who are residents of this state, and who have been in actual practice for five or ten years.

“2. All graduates of medical colleges in Michigan who are residents of other states and countries, and who have been in practice ten years; provided that said graduates shall possess and have maintained an honorable professional reputation as well as one for strict sobriety and integrity, and shall comply with such rules and regulations with reference to oral or written examinations on practical medicine and

surgery as said regents or a board of examiners appointed by them may determine; and provided further, that graduates who are practitioners of different schools or systems of medicine shall be equally eligible to said degrees.

"The regents to confer, with the said degree of master of surgery, a suitable diploma, under the seal and sanction of the university of Michigan, on all acceptable candidates who shall have paid the sum of \$10 to defray the expense of the same."

All candidates for such a degree should be registered for six or twelve months prior to action being taken thereon that their qualifications and reputations may be fully inquired into. Such a degree, when granted, would be worth something to the recipient of it. It would stimulate all genuine physicians to become worthy of it.

Such a degree is said to be given by some European colleges, and it would add to the fame of our university to initiate it here.

E. R. ELLIS.

ARSENICUM IN VARIOLA.

C. M. came to my office April 19th for consultation; he had great pain in the head, with fever, pains all through him, with general lassitude, had been working in water, ditch digging; gave him Rhus. He reported again on the 21st, continued pain in the head, sensation of heat and cold creeping up and down his spine, face flushed. On raising the hat to examine his eyes, I discovered his forehead covered with small, hard lumps. Passing my hand over them, there was no mistaking the *shot* feeling, which together with the peculiar *odor* from his body, were sure indicators of small-pox. I have seen too many cases to be mistaken. I gave him sufficient Arsenicum 4x to last him five or six days, telling him to take a small powder every two hours, also one drop of Cimicif. 1x every alternate two hours in water, to clear right out of the city and report to the supervisor of

his town and be isolated. On reporting to his supervisor, an Allopathic physician was sent for, who, after examining the case, stated it to be small pox, and gave him some medicine, which my patient very inconsiderately gave to a dog, who has not been heard from since. My patient called at my office May 7th perfectly well; he stated that on commencing my medicine, the lumps and fever gradually began to subside, and in nine days he went to work again as well as ever. I read *somewhere, some time ago some one* recommended Arsenicum in small pox, but the where, when, or who I cannot remember, but it was in heroic doses, producing vomiting of blood, etc. I think the above is safer and better for the purpose.

R. W. NELSON.

NOTES FROM CHINA.

Allow me to give for publication a few facts of interest to your readers.

The only Homœopathic physician in China is Dr. S. P. Barchet, of Ningpo, a graduate of the N. Y. Medical College, and for fifteen years a missionary in the province of Che-Kiang. He has carried on of late years an extensive practice among both natives and foreigners and with remarkable success. The average number of Opium smokers cured yearly in the Baptist Mission Hospital is 170. In 1880, more than 20,000 cases were prescribed for in the dispensary.

Dr. Barchet will probably be in Chicago in May. I write, not at his suggestion at all, but thinking it might be useful if some extended account of his practice and treatment were published in your columns.

Yours very respectfully,

G. L. MASON, Missionary.

[We learn from the *Celestial Empire* that the learned Dr. B. was presented with a testimonial address and a substantial token of \$200.00. We can assure Dr. B. that our readers will be pleased to hear from him.—ED.]

NOTES ON CHOREA.

BY J. M. KERSHAW, M. D., ST. LOUIS, MO.

Rosenthal* says: "At the beginning of the paralysis of the constrictors of the pharynx, the patient endeavors by violent efforts of deglutition, to swallow the portions of food which are retained in the mouth and gullet, and the arrest of large pieces of food may place him in danger of suffocation. If the tongue which presides over the formation and insalivation of the alimentary bolus, is still able with its root to cause complete occlusion by lowering of the epiglottis, and if the larynx is not yet paralyzed, the patient can readily cause soft and liquid food to pass into the larynx. But if the paralysis prevents the proper closure of the larynx, demonstrated by Bruns by means of the laryngoscope, (contact of the arytenoid cartilages with lateral narrowing of the larynx), the solid particles are better swallowed than liquids. The latter readily penetrate into the larynx and provoke violent cough and a paroxysm of suffocation." As showing how a case may be complicated, I may mention that of a child under my charge in the St. Louis Children's Hospital. The patient is hemiplegic and is subject to frequent attacks of epilepsy. The paralyzed muscles are affected with twitchings and jerkings chronic in character (*Chorea paralytica*), and as a result—together with his general weakened condition, he frequently falls with considerable violence. The point in his case to which I wish to especially refer is the involvement of the same parts as are ordinarily the seat of disease in glosso-labio-laryngeal paralysis. The respiration is short and jerking, the salivation extreme—ten to twelve napkins a day being required—while liquid food can scarcely be taken at all. Solids can, however, be taken with tolerable comfort.

Rosenthal states that he has seen twelve cases, some simple, the others complicated by progressive muscular atrophy. Sometimes, in the less advanced forms, a period of arrest

* Diseases of the Nervous System.

and even of improvement is observed, lasting several weeks or months. But the final deterioration and fatal termination will occur, despite persevering treatment by electricity and hydro-therapeutics. But Cappetta and Tomasi have seen some cases, and Benedikt has also observed a considerable number of cases of improvement and even of recovery. The cases of recovery he is naturally enough, slow to accept as true cases of the disease.

I had at my clinic this last winter, a child of about eight years, whose entire body was affected with involuntary muscular movements. Her head jerked from side to side, the arms and hands were in almost constant motion, while the knees and other parts of the lower extremities were always bruised and sore as a consequence of the many falls she received owing to her inability to control the movements of these members. The disease had manifested itself some five or six months previous to her calling for relief, and was the result of extreme fright. While playing quietly one day, a large and ferocious looking dog dashed suddenly and unexpectedly past her, at which she was so terrified, that she began immediately to twitch and tremble, a difficulty which continued up to the time of her presenting herself at the clinic. Her appetite was poor, sleep disturbed and unrefreshing, and her general physical appearance was that of an anæmic, under-fed illy-nourished child. Involuntary movement was greatly increased by talking to or looking at her. While at her meals it was especially noticeable. She was unable to use a knife and fork in cutting her meats. Coffee and other drinks were commonly spilled over her clothes, on the table or on the floor on attempting to raise the cup or glass to her lips, while her face was generally smeared with syrup and grease as a result of inco-ordinate movement in attempting to introduce articles of food into the mouth. It was also difficult to understand what she said, the muscles ordinarily used in speech being so affected with the choreic disease. Prescribed Aconite 3, four times a day. In a week her appetite had greatly improved, and in five weeks she could safely be pronounced well.

In the treatment of these and other nervous affections the single remedy should be used. It is Homœopathic, and eminently satisfactory from the fact that we know what has cured our patient. Nor does the properly selected Homœopathic remedy require the aid of another. If prescribed according to the law of *similia* it acts much more promptly and with greater certainty than when given in conjunction with another drug, which is indeed, rather a hindrance than a help to it. The more I see of disease and its treatment, the more certain I am that the above observations are correct. Alternation means inexactness; it means that the prescriber does not know which is the proper remedy, and therefore gives two with the hope that one of them will prove the right one, or that each will do its part toward bolstering up a weak spot. The prescribing of the single remedy may require time and study, but it is right, and being right it should be followed at whatever cost of time and labor.

Cannabis Indica in Migraine.—*Buffalo Med. and Surg. Rep.*, Dec., 1880). After a short review of the subject, in which reference is made to an excellent article by Dr. Seguin (*New York Med. Rec.*, Vol. XII., p. 774), the writer explains the principle of treatment as laid down by Greene. This was to "maintain, by the use of small doses of the agent, a constant influence upon the nervous system for a long time, the same as is required in epilepsy by the use of the Bromides." It is stated as a matter of course, that at first no appreciable effect is observed, and that not until the use of the remedy is persevered in for many weeks, and the nervous system kept under its influence for a considerable time, will the patient find an appreciable diminution in the severity and frequency of the attacks. It is well to commence with one-fourth of a grain of the extract before each meal, for the first fortnight. The dose may be increased to the third of a grain for the second fortnight, to be augmented to a half-grain at the end of four weeks. This amount will generally be sufficient, and should be continued for several months. Success here is only attained by persevering effort. A severe case of hemicrania in which hereditary influences bore a prominent part, is described by Lothrop in support of these views on the efficacy of the prolonged use of *Cannabis indica*.

Hygiene Department.

A STUDY IN INFANTILE HYGIENE.

BY J. N. TILDEN, M. D., PEEKSKILL.

The many causes which lead to the production of disease in children have been very carefully noted and classified by the various authors who have written concerning the affections of children. Diet, air, exercise, clothing, cleanliness, etc., have all been considered in their various relations so thoroughly that the subject of "Infantile Hygiene" would seem to be well nigh exhausted. When we consider the large human mortality which exists under the age of five years we must admit the vast importance of this subject, and if we would perform our duty as conscientious physicians, we must give it our repeated and almost constant attention. We must persistently trace and retrace, and consider, and reconsider in every phase, all the various items which have any bearing upon the health and lives of children, in the hope that little by little we may gain knowledge which will keep us on in the grand work of preserving human life, and improving human stock. It is very probable that any decrease in the present high rate of infant mortality will be brought about more by preventive medicine and strict hygiene than by any treatment of disease once begun, no matter how skillfully treatment may be applied.

The point in Infantile Hygiene to which I wish to direct attention has never to my knowledge, been brought to the notice of the profession through the press; and though it probably has little or no bearing upon the morality of children, yet in its remote effects it may have an important relation to the vitality and consequent longevity of individuals. It may seem at first view a trivial matter, and one unworthy of consideration. It is simply concerning the manner in which children are habitually laid hold of when about

to be raised to a person's arms—the way in which children are commonly lifted.

It is to be observed this is universally done by placing one hand under each of the child's arms, overcoming their weight by holding the thorax firmly grasped in the hands, thus subjecting the child's chest to a very considerable pressure. This pressure is necessary if children are to be lifted in this manner, for the articulation at the shoulder is not yet firm enough to allow the child's weight to be overcome by an upward tension alone, without danger of straining that joint.

We see then, that when we lift a child in this manner our arms are strongly adducted, and our fingers quite forcibly flexed upon the yielding walls of the child's thorax, and the resulting pressure is brought to bear upon those ribs extending from the fourth to the ninth, and is most concentrated in the mammary regions,—slightly below and exterior to the nipple. If this compression were only in occasional operation it would not merit any attention, but when we remember that during the first three years of childhood this abnormal pressure is applied many times daily, it becomes more worthy of our consideration.

If we find that this method of handling children may be a possible near or remote source of departure from health, we are to note the fact that those children who belong to the better classes of society, and have therefore the most constant and solicitious care bestowed upon them, are more subjected to whatever deleterious influence this mode of lifting them may exert, than are the children of poverty who have much less attention.

The especial point to be considered in relation to this subject is this: What will be the effect which the frequent, daily repetition of the pressure above described will have upon the soft and rapidly growing thoracic walls of children? Will it not have a tendency to decrease the normal lateral diameter, and the antero-posterior diameters of the chest, in the mammary region, where the pressure is greatest, and thus diminish its capacity? If it do this in even a slight

degree, then its detrimental influence must at once be acknowledged.

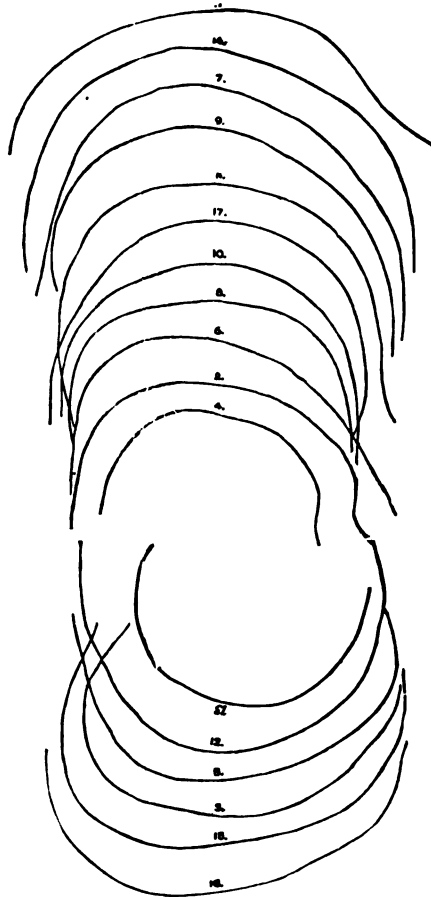
May we not here find a solution of the cause of that deformity known as pigeon breast, the origin of which has not, heretofore, had any satisfactory explanation. Dr. Alexander Shaw, author of the article on "Surgical Diseases of Childhood," in *Holmes Surgery*, in speaking of this deformity, states that it is "not inconsistent with symmetry in other parts of the chest, and the frame generally. The deformity is more frequently observed in the young, which leads to the inference that patients commonly outgrow it." His theory of its causation is that it is produced by want of free entrance of air into the lungs to fully distend them, and he says that "when the chest, as in childhood, is highly flexible, any cause that obstructs the entrance of the air into the lungs may lead to changes in its figure resembling pigeon breast deformity." It will be shown quite conclusively a little further on, that this deformity is much more likely to take its origin from the abnormal external pressure which is so frequently applied during childhood, than from the hyperaction of the muscles of inspiration, induced by dyspnoea. According to Dr. Shaw, the deformity in question is caused by the external pressure of the atmosphere, acting upon the flexible walls of the chest when the lungs are not freely inflated. The thorax acted upon by the respiratory muscles to enlarge its capacity, but as air does not fully fill the lungs there is sufficient overbalance of external atmospheric pressure to indent the chest along the line of least resistance, which is the junction of rib and costal cartilages, and this indentation leads to protuberance of the sternum.

It is much to be doubted if dyspnoea could in this way produce so marked a deviation from the normal shape of the chest. If so, then we should expect to find it existed in every case of habitual asthma. Not only is this not the case, but it is quite common to find cases of pigeon breast where we can elicit no history of previous dyspnoea.

Another point in this connection which is simply speculative; because we have no rigid normal standard by which

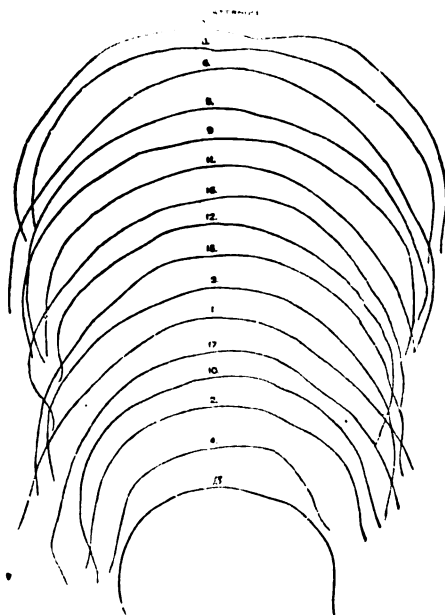
to judge is concerning the obliquity of the ribs. It will be borne in mind that the first three ribs are nearly horizontal in their direction from behind, forward. From the fourth their direction becomes oblique, pointing downward more and more to the ninth, when the obliquity decreases until the eleventh and twelfth are again nearly horizontal. Is it possible that the daily, often repeated compression and depression of the ribs between the fourth and ninth, which we have noted as occurring during the first three years of childhood, is in any degree responsible for this obliquity? It is well known that lacing very quickly, and materially increases the obliquity of those lower ribs which form the base of the thorax, and similarly if a like cause were in operation early in life, bringing under its influence all those ribs which have an oblique direction, might it not be the cause of this obliquity? Is this obliquity strictly normal or has it become through repetition an hereditary deviation from a better standard, which would give increased thoracic capacity, increased vitality and larger immunity from phthisical disease? If all the ribs were more nearly horizontal, the phenomena of respiratory action would be somewhat modified from its present mode. This point is alluded to, as it might be supposed that the obliquity of the ribs is necessary for the suitable accomplishment of respiration. In examining the *thoraces* of children from two to four years of age, we shall almost invariably find that the full rounded curve which laterally bounds the thoraces of infants of a few months of age, has given place to a sharper or shorter curve in the subaxillary region, and the plane of the chest in the mammary region is abnormally flattened. This degree of flattening varies considerably in different children, being modified not only by constitution but by the wide variations in which they are subjected to the cause. It is also dependent upon the size and weight of the child. The chest of a large, heavy child becomes modified in shape earlier than in the case of a more delicate infant. This fact is illustrated in lines No. 6 in the diagrams. In these diagrams are represented in one plate the lateral curve of the chest, extending from the

spinal column around to the sternum, and in the other the outline of the anterior aspect of the thorax extending from each subaxillary space, across on a line with the nipples. These lines are reduced one-fifth from actual measurement



taken from seventeen consecutive cases of children varying in age from two weeks up to three and a-half years. These diagrams will fairly illustrate the average as we would find it in a hundred cases. We see from these diagrams that there is a considerable variation in the outline; demonstrating beyond doubt that in children of three years of age, the plane of the chest in the mammary region is flattened.

It may be said that the normal shape of the thorax has various types, and varies in different individuals. This is granted, but notice that in infants under six months, and even one year, the outlines (so far as my observation has extended, comprising nearly 300 cases), have been constant, after one type, as shown in No. 4, aged seventeen days. No. 10, aged four months; No. 14, six months, and No. 2, a small but healthy child aged fifteen months.



The nearest approach to the same outlines in older children is found in Nos. 13 and 17, aged respectively three years and two years. In both these cases very little care or attention was bestowed upon them after they were one year old. These two children were then left to the care of older children too young to carry them, and therefore they were very seldom lifted in the habitual manner. In contrast to these chest lines, observe Nos. 1, aged three years; 3, aged sixteen months; 6, aged three and a quarter years; 7, aged six and a half years, and 8, aged five and a half years. Notice in

No. 1 a near approach to pigeon breast deformity. This child was a great favorite; had a nurse in constant attendance, and was subjected to the mode of lifting under consideration oftener than any other case which has been found. No. 3 gives early evidence of the influence of thoracic compression, for the reason that he is a large, heavy child, who has unremitting attention. Nos. 3 and 4 are brother and sister, and we cannot, therefore, account for the marked difference in outline by ascribing it to variety in natural type, and the same is true of Nos. 8 and 10. We see, then, beyond doubt, that the thoracic outlines of children certainly change, as previously pointed out, and vary markedly accordingly as the children are subjected to the method of lifting already described.

Combe, in his work on infancy, says that "in lifting young children the nurse should be very careful never to lay hold of them by the arms, as is sometimes thoughtlessly done, but always to place the hands one on each side of the chest immediately below the arm pits." This caution is well so far as it prevents nurses from raising children by the arms, and in small, light children is safe, but in large children, weighing within the first year from 15 to 25 pounds, the amount of compression required to raise such children to the nurse's arms is sufficient to distort the anterior aspect of the chest from its normal shape. We need not be reminded that these pliant thoracic walls serve to protect those organs most concerned in our vitality and strength. No. 3 illustrates this point: It is the outline from a child who weighed over twenty pounds before he reached the age of one year. Compare it with No. 4, the outline of his infant sister, aged two weeks.

It is possible, inasmuch as children after three years of age are seldom lifted by thoracic compression, that the energetic vitality of childhood soon suffices to correct in a great measure and in the large majority of cases, any deficiency of thoracic capacity or other deviation from normal growth which the cause under consideration may have produced. If, however, this compression of the chest become recognized

as even an occasional source of departure from a normal condition; if ever a case of pigeon breast deformity be traced to this cause; if by diminishing thoracic capacity in the slightest degree it thus impairs vitality, then, indeed, does it demand the attention of our profession! In the progress of our science we more and more recognize our duty to lie rather in the prevention of disease than in its cure. It is our paramount duty to use every means at our command to develop and improve the physical condition of our race, for through physical advancement will come also intellectual and moral progress.

In the consideration of this question, it will be well for us to look a moment at what is accomplished by simple manipulation in the treatment of diseases. It is not necessary here to go into details, for it is well established that in many surgical diseases treatment by manipulation in its various forms is of the greatest importance. Take, for instance, the daily use of suspension in spinal curvatures, extension and rubbing in partial ankylosis, massage in sprains and contractures, etc.

Now, if in these rigid structures manipulation applied once or twice daily has the effect of changing materially the condition of the parts operated upon, how much more will the frequent, daily repetition of firm pressure always applied in nearly the same manner upon the rapidly growing, easily yielding and pliant walls of a child's thorax have the effect of changing and distorting their normal growth.

The question now arises how may this danger be avoided?

How shall we instruct mothers and nurses to lift and carry their children in any better manner than the one so universally in use? How shall this prevailing method be improved upon? The answer is very plain and simple. Nature has admirably adapted the pelvis for supporting the weight of our bodies at all ages. It is therefore to be advised that a child should always be raised by placing one hand under the gluteal region, while the other hand may either in front or behind the thorax assist in supporting the weight and at the same time steady the child in a comfortable position. This

is easily done when the child is either lying or standing. When in a sitting position, one hand may be passed across the chest either in front or behind and by a slight hold of the opposite arm the child's body may be tilted to one side, or backward or forward as may be most convenient, when the disengaged hand may be easily placed under the gluteal region, and, as before, the child's weight will thus be admirably supported by both hands, one protecting and sustaining



the thorax and the other the pelvis, thus supporting the child's weight equally, easily, and without possible danger of harm. The accompanying illustration shows the two positions above described and this method of lifting children will be found equally as convenient as the mode commonly in use, while its superiority consists in the entire absence of those possible dangers which have been pointed out as liable to arise from compression of the chest.

The fact that we are unable at present to demonstrate any actual disease directly produced by this cause does not prove that it is unworthy of notice. Even if the writer has exag-

gerated the importance of this subject it must be admitted by the most skeptical that there is room for doubt and the



only rule to be followed must be, "In case of doubt take the safe side." A man may use tobacco and alcohol for many years without apparent harm but this fact, though often repeated, does not prove these articles to be innocuous. The capacity of the human mechanism to accommodate itself to extremes in its various processes and surroundings is one of the most wonderful features of our existence. We find variations in all degrees in diet, exercise, clothing, cleanliness, etc. We frequently see all the laws of hygiene set at utter defiance and yet find robust and vigorous health when we would only expect to find disease. And again under the most favorable auspices of careful hygiene, where every condition would seem to promise health we often find sickness and death.

The wisest theories of the physiologist and therapist are often set at naught by the actualities of practice. These contradictory problems are not to discourage us. We are not to yield because our science refuses to become exact.

Slowly and little by little does our knowledge of the human body, its diseases and their treatment come. Let us therefore, each for himself, investigate this phase of "Infantile Hygiene" and in this way we shall finally eliminate whatever errors the writer may have advanced and the true degree of importance which attaches to this subject be properly established.

Society Proceedings.

KANSAS STATE SOCIETY.

The State Homœopathic Medical Society met in full session at three o'clock May 4th, at the office of Dr. Roby, with a fair attendance of medical gentlemen and ladies.

The meeting was called to order by the president, Dr. J. J. Edic, of Leavenworth, and after roll call he delivered the following address:

Gentlemen of the Homœopathic Medical Society of the State of Kansas:

For the honor conferred upon me in selecting me to preside over your deliberations, permit me to tender my warmest thanks.

I believe it is customary, and certainly not inappropriate, for your presiding officer at this stage of proceedings to deliver an address upon some topic connected with medical science, or to make such suggestions as may occur to him and may be calculated to extend the influence and increase the usefulness of our organization.

The admirable zeal and activity of your committee of arrangements has rendered an address of the former kind superfluous at our present session, while such remarks as I may make upon the latter topics have probably occurred to each and every one of you who have been for any length of time connected with our organization; yet I shall make no apology for any triteness of topic or remark, but consider that their importance demands their iteration.

In the first place the inaugural address should have a firmer basis than that of custom. It should, by the new constitution and by-laws we are to adopt this session, be made obligatory upon your presiding officer, and if such a thing is proper in a scientific association a penalty should be attached to a failure to perform this duty.

Had I not been present at meetings of our society where barely a quorum was present, and where carefully prepared papers and clinical cases were as rare as angels' visits, or as cheerfully paid physicians' accounts, I should not deem it necessary at this session to urge upon

you the importance of sustaining our organization, both by your presence at our annual conventions and by contributing material either in the way of papers or clinical cases for our instruction and criticism. Man is a social being, and it is only in the company of his fellow men that his powers find their highest development. This fact has not escaped the notice of observing men, even in the earlier ages of recorded history. Solomon says as iron sharpeneth iron, so a man sharpeneth the understanding of his friend, and to the same effect old Homer sings,

“Through mutual intercourse and mutual aid,
Great deeds are done and great discoveries made;
The wise new wisdom on the wise bestow,
Whilst the lone thinker's thoughts come sad and slow.

The advantage to be obtained from this communication and interchange of thought at our conventions is two-fold. It may be said to partake of the quality of mercy, “it pleaseth him that gives and him that takes.” By our interchange of thought we are more likely to arrive at a proper understanding of any subject than by any amount of thinking upon it. The factors which conduce to this development of truth are two, sympathy and opposition. That sympathy rouses the powers of the mind to increased energy and activity are sufficiently manifest. It always requires the sympathy of the audience to call forth the highest powers of the orator. But the stimulus of opposition is a still more potent factor in developing the resources of the intellect. Action and reaction are always equal in the material world, and as thought is the product of a material organ, the brain, the rule will perhaps hold equally good in the mental. Plutarch well remarks that as motion would cease were opposition to be taken from the physical world, so improvement and progress would cease were contention taken from the moral “For as fire is elicited by the collision of stones, so truth is elicited by the collision of minds.”

There is another point closely connected with this, that is in communicating anything intended for the information or instruction of others, we must necessarily obtain a fuller knowledge of the subject ourselves, and it may be that those who maintain that no one thoroughly understands a subject until he has written upon it are correct in their statement. The very act of clothing our ideas in appropriate language requires that we evolve them from the confused into the distinct, and this sort of mental training is not one of the least of the benefits to be derived by those who take an active part in our deliberation. It is not usually a lack of ideas on any given subject that we notice in our meetings, as the want of an analytical habit of mind which will enable us to express our ideas in appropriate language. This habit of mind we may acquire if we avail ourselves to the fullest extent of the advantages to be derived from this and similar organizations. This analytical tendency of mind whether natural or acquired, will also make us more accurate prescribers, and there is great similarity of method in both cases, for the evolution of our ideas into lan-

guage is but to give the totality of thought its precise and appropriate symbol, so in medicine the highest science of known therapeutics consists in bestowing upon the totality of symptoms its corresponding appropriate remedy. In presenting papers to the society, let us not forget that it is the facts and their attendant phenomena that are of the greatest interest to us as physicians. Theories, however ingeniously constructed, unless they arise naturally from the subject matter and are supported by the observed phenomena are of little value. A theory like the following, taken from the pages of one of our journals and which is not susceptible of proof by any known laws, is worse than useless. In reporting a case of delirium tremens the writer says: "I gave *Natrum muriaticum* because the disturbance of the equilibrium of the table salt respecting the water molecules in some part of the brain is the cause of delirium tremens. A cure soon followed."

If a cure followed the administration of the remedy that is all we care to know. The fact is worth a hundred imaginary hypotheses, and in this connection the saying of the philosopher of Geneva is worthy of consideration: "I know that truth resides in the facts, not in my mind which observes them, and that I shall be the nearest the truth the less I indulge in theories of my own."

In our discussions upon the cases and papers presented to the society, the controversy of the dose, as it is a subject more likely than almost any other to create dissension and mar the harmony of our meetings, had better be introduced into our deliberations as seldom as possible. As this must always remain an open question, better leave it to the judgment and experience of every scientific physician. It really matters not whether we use high or low attenuations. If we cure our cases it is all our patients ask, and it really does not become a gentleman to be dogmatic in regard to any case presented and assert that a different attenuation than the one used would have resulted in a speedier or more satisfactory cure.

It has always seemed to me that we waste too much time in idle and uninformative discussions upon minor points which could be better employed in reading papers and in comments and criticisms upon them, as this latter is the true object of our society. In the purely business portions of our meetings, it will expedite matters if both in the introductions of motions and in the discussions arising therefrom the ordinary rules which govern deliberative assemblies are strictly adhered to.

It is perhaps unnecessary for me to announce the painful fact that the examining board of the Homœopathic Medical Society of the state of Kansas has ceased to exist, this delicate bantling, which, to use a stock phrase, was sired by the Kansas legislature and damned by those who were compelled to contribute to its support, has been prematurely smothered. The supreme court of the state in body corporate sat upon the tender infant, whose delicate framework was unable to resist, and it succumbed to the pressure.

The manner of its taking off was as follows: A test case was sub-

mitted to the supreme court to determine the legality of the certificates issued by all the Allopathic board of examiners. In the decision of this case it was necessary to determine two points. First, whether the Allopathic Medical Society had a legal corporate existence, as even its corporate existence had been called in question; and second, whether the law itself was constitutional. On the third of February the court filed an opinion which establishes by the highest authority in the state the corporate existence of our society. In regard to the other point the court decided that that part of the law which gives the medical societies power to appoint their own board of examiners and allow for their compensation from the fees collected by them was of the nature of a special act, and for that reason contrary to the constitution, and that this unconstitutional provision was so interwoven with the body of the law that they had no choice in the matter, but were compelled to strike down the whole statute.

Since the abrogation of this law there is, with one exception, nothing remaining upon the statute books of this state relating to physicians or in any way regulating their practice. The one exception I refer to is the clause in the temperance law which requires of every physician an affidavit first, that he is a practicing physician; second, that he will not prescribe liquors except in case of actual sickness, and third, that he will keep, observe and perform all the requirements and conditions of the laws of Kansas regulating the sale and use of intoxicating liquors. This latter clause in the oath is the only one which merits our notice. Why physicians more than other professional or business men should be compelled to take an oath that they will obey any or all the laws of the state, is, I must confess beyond my comprehension.

Do our legislators consider that the nature of our profession makes us less lawbiding citizens than any other class or condition of men? It may be that this portion of the law originated in the brain of some maliciously disposed individual who used this means to gratify a petty spite against a body of gentlemen whose moral worth he is as little capable of appreciating as a coyote would be of comprehending cellular pathology. Gentlemen, this inference is not evolved entirely from my inner conscience, but is drawn from remarks made at the time this portion of the law was under discussion, and it is presuming too much upon the Christian spirit and proverbial gentleness of our profession to suppose that we are never to resent an insult.

Whether this oath is taken or not must be left to the individual judgment of each member of the profession. I would simply advise all to read carefully all the provisions of the law, then cast a retrospective glance over their respective fields of practice, and see if instances have not occurred in their experience where their duty to their patients would have required a violation of their obligation, had such been binding upon them at that time, and then decide whether he can conscientiously take the oath, or whether it would not be a more

manly course to omit this requirement, even if they are quite certain that it does conflict with prior obligations and by subsequent conduct convince even so obtuse a body as the one that called into existence this law, that physicians can obey a law equally as well as other citizens without taking an oath to that effect.

To endeavor to impart to you any information regarding the progress of our school here and elsewhere would seem like a work of supererogation. Our journals have rendered such an effort on my part entirely superfluous. This progress you will probably have noticed is greatest in those states and communities where general intelligence and liberal ideas do most prevail. In other words, the progressive school of medicine finds its greatest number of supporters among a progressive people. They have also informed you of schism in our body, which may ultimately divide our ranks. I refer to the schism of the so-called internationals, which has its origin and derives its strength from that very controversy, of the dose against which I warned you in another portion of my address. A controversy which our society has been heretofore remarkably free from. If this schism was a move towards greater liberality, towards greater freedom of thought and action in matters relating to our science, I would bid it God speed, but as it is a move towards a narrowness of creed, I protest against it. I think none will deny that it is the chief duty of the medical man to consult first of all the interests of the sick who may be intrusted to his care rather than to vindicate any particular theory, however plausible it may appear to be, and that he is bound to cure them if he can by the surest and most expeditious means available.

I prefer to consider our creed broad enough to embrace that brother whose faith does not extend beyond the third decimal, that recent convert from the ancient school who holds "that those expedients of the old practice which have attained a solid basis of empirical certainty as to good results given and well defined cases of disease ought not to be laid aside, that high-toned brother of unlimited faith in an unattainable potency of the single remedy and single dose as well as that brother who shows his faith by his works, who adapts his remedy to suit the exigencies of the case and whose prescriptions may cover the entire range, from the lowest to the highest in the practice of a week or perhaps of a day."

Gentlemen, since our last session one of the brightest lights of our profession has been extinguished. Constantine Hering, at the ripe age of eighty-one has passed from us forever. I could pronounce no higher eulogy upon him than is contained in his works. Among the sad thoughts that cluster around the memory of our departed friend, there is much to console us that his choicest treasures can be shared by us and that to the last his voice was raised against any division in our ranks in the memorable words, "there is nothing more horrible than a split."

I would advise that the society pass the customary marks of esteem and honor to his memory.

With a few remarks respecting our brethren of the Old School branch of the profession I will close. They still claim that they are the regular, though disavowing all rules, the orthodox, though believing in no creed, the liberal, considering every man a brother who thinks as they do, and the scientific (God save the mark!) branch of the profession. These stock phrases have by constant repetition become to be accepted as truisms by the greater portion of the profession. I am of the opinion that the time of persecution and hostile legislation towards us has about passed. Every such effect has reacted upon them to such a degree that they resemble the engineer who was hoist with his own petard. A little of the leaven of liberality seems to be working among them which may or may not leaven the whole lump. Their therapeutics seems to have fallen into a lamentable state. A few years ago it was considered a high crime and misdemeanor to prescribe and recommend a proprietary remedy. How is it now? The pages of their journals are filled with advertisements of the elixirs, malts, iodias, from idias and tongas, which last wonderful remedy after being a state secret for many generations was discovered by a European gentleman who had married the daughter of the chief of the Fiji Islands. This gentleman discovered the secret from his father-in-law and imparted the information to another gentlemen, for which crime he was no doubt duly cooked and eaten by his mother-in-law. These medicines are one and all recommended by the leading members of the profession.

Gentlemen, the amount of business before us forbids that I should longer address you, and I will close with the wish that this session will be pleasant and harmonious and that we shall succeed in making this session one remarkable for its pleasant associations, for the amount of labor performed and for the benefits received.

I now declare the thirteenth annual convention of the Homœopathic Society of the State of Kansas open for the transaction of business.

While the board of censors were preparing a report upon the credentials of new members, the minutes of the previous meeting were read. The following names were then reported on favorably by the board of censors:

Mrs. Annie M. Haslam, M. D., Osage City; George A. Deam, M. D., Butler City; Stiles P. Swift, M. D., Burlingame; Samuel A. Newhall, M. D., Newton; Austin M. Cowan, M. D., Valley Falls; W. E. Taylor, M. D., Kansas City.

The report of the committee on constitution and by-laws was presented and adopted by sections.

The cause in reference to qualifications of members was warmly discussed, it being the opinion of some that none should be admitted except those who are graduates from some Homœopathic institution, and by a vote of 11 to 7 that part qualifying those as members who had ten years practice in Homœopathy as a business, was struck out.

The session then adjourned to meet in the evening at the Congregational church.

WEDNESDAY EVENING.

The meeting at the Congregational church was opened with prayer by Rev. Dr. C. C. Foote. Mr. Fred. Wessels sang with his usual easy manner and strong voice a solo that was applauded by all.

Dr. Patchin, who presided, then stated that the association had received at the last moment the intelligence that Dr. Walker, of St. Louis, was too ill to attend the convention, but that his address would be read by Dr. Gentry, of Kansas City. Dr. G. then read the address which was of considerable length. It stated that 7,000 doctors in the United States were Homœopathsists, and thirteen colleges were under their supervision. At its conclusion, Mrs. Dr. Bishop, of Wisconsin, sang a solo that was loudly applauded and encored.

Dr. Roby then read an original poem on "Our Mission." It is as follows:

'Tis not in Mammon's temple,
Where the world is bought and sold
And the worth of men is reckoned
By their store of hoarded gold ;
Nor on the boundless prairies
By valley, hill and stream,
Where the golden sheaves of harvest
In the mellow sunlight gleam ;
Not at the legal forum
Where right contends with wrong,
And Justice's fickle balance
Inclines toward rich and strong ;
Nor in the churchman's wrangle
Over his musty creed,
Or whether the future path - ways
Through bliss or brimstone lead ;
Not in the front of battle,
On the fierce ensanguined field.
Where *might*, so oft triumphant
Compel the *right* to yield ;
Nor in the great arena
Where mind contends with mind
In the Nation's stormy councils
That we our mission find ;
But, along the quiet pathways
From the busy world apart,
Where Pain its victim tortures,
And grief bows down the heart.
When the night hangs black and heavy,
When the lightnings cleave the sky,
When earth is thunder shaken,
When floods go rushing by,
When the morning wakes from darkness,
In the glare of blazing day.
'Mid heat, and cold, and tempest,
We take our silent way
To the rich man's splendid chamber,
Where luxuries abound ;
To the poor man's humble cottage,
Where want and woe are found ;

To the outcast's haunt of squalor,
To the habitat of sin,
To the homes of love and honor,
And there we enter in
To heal the pain-racked body,
To give the sufferer rest,
To soothe the storm-tossed spirit
With doubts and fears oppressed.
In every walk and station
In God's world-wide domain,
Wherever a human being
May chance to suffer pain,
'Tis ours to teach and practice
The newer, better plan
Of healing our stricken comrades
In the brotherhood of man ;
To banish from earth forever
Old Medicine's cumbrous art
And all the savage sorceries
Four thousand years could start.
'Tis ours to enter the contest
Where life and death contend
And with calm, determined effort
The living to defend.
'Tis ours to cheer the loving
With hope for the stricken friend,
And when hope we must deny them
Our sympathy to lend.
Ours to carry the sunshine
Of the art of arts to-day
Into the homes of millions
Along life's grand highway.
Into the penetralia
Of woman's sacred life,
When the mother's holy office
Is added to that of wife ;
Into the awful stillness
That bids us hold our breath,
While the unseen messenger
Affixes the seal of death.
'Tis ours to enter, humbly,
And to feel while thus we stand,
That ours is the grandest mission
In all this mighty land.
The richest gift from Heaven.
More dear to us than wealth,
Than earthly place or greatness,
Is the gift of perfect health ;
And, like to a woman's virtue,
That health is a sacred thing,
And they who minister to it
Clean hands and heart should bring.
White as the crystal snowflake,
Pure as the mountain rill,
Should be their lives and purpose
Who this great mission fill ;
That when this mission ended,
They lie among the dead,

The friends who knew and loved them
Shall scarce be comforted.

Mrs. Judge Foster sang in her usual pleasing manner and was loudly encored and kindly favored the audience with another selection.

The meeting then adjourned, the benediction being given by Rev. Foote.

THURSDAY FORENOON.

Session commenced at the office of Dr. Roby at nine o'clock. The report of the treasurer was read and accepted, and showed a fair balance in the treasury.

On motion a committee was appointed to draft resolutions of respect to the memory of Dr. Constantine Hering, of Philadelphia. The committee appointed was Drs. Roby, Westover and Klemp.

Dr. Roby then presented a memorial upon the nestor of Homœopathy, Dr. Hering, and on motion the paper was included among the papers and proceedings of the society to be published. It is as follows :

Ladies and Gentlemen: Again there is a pause in our labors, a break in our ranks, a shade on the Stygian river. Doctor Constantine Hering, the pupil and intimate friend of Hahnemann, the venerable nestor of Homœopathy in America, the unrivaled scholar, philosopher and author in the new school of medicine, the most successful practitioner, the ablest counsellor of the age, has gone to his final rest, at the mature age of eighty-one. And yet, as was said of the great statesman Thiers, he died too young by a score of years. His grandest works, like Goethe's were his last. His massive brain and untiring hands had nearly finished the crowning glory of his life and the most masterly piece of medical authorship ever given to the world. Like the immortal Lincoln he died before God or circumstances had created a successor large enough to fill his place in the world.

But nature is rich in compensatory laws. The cause which creates a great leader like a Luther, a Bonaparte, a Thiers, a Bismarck, a Washington, a Lincoln or a Hahnemann in one age or generation will be carried forward through the succeeding ages or generations by their disciples and followers.

A great leader in the cause of humanity and Homœopathy has recently died in Philadelphia, and physicians by thousands, and their patrons by millions, sincerely mourn his loss. But the cause which he led is strong enough at his death and well enough officered to march steadily forward to final and glorious triumph without the further inspiration of a great individual leadership. A detachment buries the fallen leader and decorates his grave, while the great army marches on without halting for the cause is greater than the leader.

As inductive philosophy no longer needs a Lord Bacon for leader or astronomy a Gallileo, so Homœopathy no longer needs the personal inspiration of Hahnemann, its original grand master in Europe,

or Hering, his co-laborer in America. It now marches steadily to the drum beat of *principle* under the inspiration of a demonstrated and ever demonstrable *truth*.

Whenever a *truth* involves enough of human interests to start it on its march around the world, if it does not find in waiting a man sufficiently large for a captain, it takes one from the common walks of life and enlarges him sufficiently for the great work of leadership. And nature seems to have no regular rule for the choice of men for leaders. She takes a tinker, a printer, a cobbler, a rail-splitter, a tanner or a doctor, and so sharpens his vision that he can see the new truth which is marching along through his day and generation, so enlarges his intellect that he can grasp and hold the truth, and so shapes and energizes his tongue and pen, that he can show to the world the truth of the principle he has apprehended and its correlations to other great truths in the world. In one case she takes a mechanic, puts him into a bath tub, which overflows, and he straightway leaps out and cries, "Eureka! Eureka!" She leads a dreamer into an orchard and drops an apple at his feet, and in the light of that falling apple he finds the law of *gravity*. She takes a school master at Padua and sets him star gazing, and his trembling tongue informs an astonished world that all the heavenly bodies are wheeling through immense orbits and revolving on their own axes, and thus the science of astronomy is born, even under the shame and humiliation of a compulsory recantation.

Again nature takes a poor humble student of medicine, leads him along the old paths of knowledge, through the labyrinthine mysteries, and utter chaos of old medicine, and then leads him on into that light which gives the world a scientific and perfect guide for the choice of its drugs for the cure of disease, and then she crowns him with leadership in a grand reformation of a great human cause, and thus through the long reach of ages, one human interest after another, one great fact or truth or principle after another is developed and established in the minds and lives of men. But nature seems never in haste. It took 2,200 years of the slow coaching of old medicine to develop Harvey and establish the circulation of the blood in the human organism. It took almost two centuries longer to develop and establish the law of drug action on the human system and the *law of cure*. The discovery of that law had to wait for the discovery and development of inductive philosophy for only by its processes could the law of cure be discovered and fully demonstrated. That law is now incontestably established on an absolutely scientific basis, and Hahnemann, its discoverer, and Hering, its wise elaborator, can be and are both called from labor to rest. For years the profession has watched with eager eyes the progress of Dr. Hering's great life work, almost in actual fear and trembling lest he should not live to complete it. But life held on its course and the indefatigable worker through days and nights and years of incessant study and toil brought the work nearer and nearer to completion, and when at last his work

was done, his manuscripts all completed and the press began to turn out his volumes, the fiat of "well done" was issued from on high and he was suddenly called away from his proofsheets to his everlasting rest. Others could read the proofs and he was spared that labor. He lived to write the master medical work of the world, and it will soon issue from the press; and is fitly named "Guiding Symptoms." Unlike "The Mystery of Edwin Drood," the hand of its creator guided the pen to the end of its last chapter, though proof-readers, pressmen and binders have their work still to perform.

Homœopathy has under the leadership of Hahnemann and Hering, reinforced by an already grand army of followers, worked a great and beneficent reform in medicine and conferred inestimable blessings upon the world.

It no longer needs any champion defenders. It is a great and well-established fact in the world. It has already become aggressive, has changed the field of conflict, carried the contest into the enemy's country, and put old medicine on the defensive. It has forced old medicine to adopt so many changes and improvements and to abandon so many barbarities, cruel and dangerous devices in its methods, that could Galen, Paracelsus, Hippocrates, Clavigero, Paris, Cullen or Sydenham be called from their graves to-day, they would have a thousand times more trouble and perplexity in trying to recognize their disciples and descendants than did Rip Van Winkle to recognize his daughter or his dog after his twenty years' sleep.

Hahemann and his followers have achieved a deeper and broader and sounder knowledge of the *materia medica* in the past eighty years than old medicine has achieved in eighteen centuries. And to-day the disciples of Galen are announcing to the world as *new discoveries in medicine, facts* which Hahemann announced over eighty years ago. Fortunately the world is already astir in all the great camping grounds of philosophy, science, art, theology, law and medicine: it is waking up the Rip Van Winkles and demanding of them more intelligent and scientific methods, more light and better results, and when the masses demand better lawyers, better preachers, better doctors and more intelligent methods, the demand is sure to be responded to. If the people demand better qualities of books, of food, of clothing, of merchandise, some live, wise merchant or tradesman will find a way to supply the demand. A hundred years ago there went up from humanity a cry for release from old medical barbarities and for the introduction of a humane and scientific medicine, and already the whole medical world is revolutionized and half a million of active brains and busy hands are toiling to fulfill the demand. Order is being evolved out of chaos, system out of confusion, light out of darkness, and the cry of the world for a safe and wise medical system is receiving its answer.

Let the good work go on with ever increasing force and wisdom. Let us each be active, earnest co-workers in the cause of humanity and of that better, safer, nobler system of healing which has already

become one of the greatest blessing ever bestowed on the human race.

The paper entitled "Synopsis of Genesis of Disease," by Dr. H. F. Klemp, of Topeka, was a masterly effort, and freely discussed by the learned gentlemen present, who all fully endorsed the views of the author. They expressed a desire to see it published, and Dr. Klemp stated that he had promised to give it to the Chicago MEDICAL INVESTIGATOR.

On motion of Dr. Gentry, amended by Dr. Boby, a committee of five was appointed to see if Homœopathy would be recognized by the state government, and a physician of that school be selected physician for one of our insane asylums. The chair appointed Drs. Roby, Gentry, Klemp, Dick and Johnson.

Dr. Croskey, of Wichita, thought all the members of the association should endeavor to elect a Homœopathic sympathizer to the legislature from their various districts, thereby gaining proper recognition in the state. Dr. Johnson, of Atchison, endorsed this idea.

Election of officers for the ensuing year followed, and resulted as follows: President, Dr. H. W. Roby, of Topeka; vice-president, Dr. W. D. Gentry, of Wyandotte; secretary, Dr. J. H. Mosely, of Olathe; corresponding secretary, Dr. T. J. Patchin, of Topeka; treasurer, Dr. G. H. T. Johnson, of Atchison.

On motion Emporia and Wyandotte were suggested as places of meeting next year, and the latter place was selected.

Dr. Roby moved that the association extend an invitation to the Western Academy of Homœopathy to meet with them at Wyandotte. Carried.

It was determined also to invite the American Institute of Homœopathy.

The association then adjourned till afternoon.

The reception and banquet were held at the Gordon House, and the ball at Guards' Hall in the evening.

Infection of the Connective Tissue in Scirrhous Cancer of the Breast.—Dr. C. Creighton (*Journal of Anatomy and Physiology*, Oct. 1879, p. 29,) seeks to prove that the growth of cancer takes place: 1. by a wandering of the epithelial cells of the primary morbid growth into the interstices of the neighboring connective tissue; 2. by an infective action, whereby the connective-tissue-cells multiply and pass through a series of transitions towards epithelial cells. His line of argument is that the pigmented epithelium of the acini of the bitch's mamma may be traced into the connective tissue, while many observers from Virchow downward have been able to convince themselves of the transformation of the connective-tissue-cells into epithelium. He maintains that Remak's embryological law does not hold good in pathology.

Consultation Department.

ANSWER TO CASE.

H. S. Knowles in last INVESTIGATOR asks advise. I think he changes too often, does not give remedies long enough time to act. If he should use *Apis mel.* 30 and *Lachesis* 30 alt., one dose every day, first one then the other for a couple of weeks or a month, he would find a great deal of improvement. Cold sponge baths once or twice a week, as often enough. She must not stand too much, stop the corn meal mush, use more vegetables and fruits, and I am sure she will be surprised how soon she will get well.

J. V. D. B.

CASE FOR COUNSEL.

Boyd Miller, aged twelve, nervous temperament, has a habit of constantly putting his lower lip over the upper, and the upper lip over the lower, in such a manner as to keep the outer surface of the lips wet and scabby. The skin is kept red, and the mouth is encircled by a scabby ring. Every few minutes he makes a few grotesque twitches with the muscles of the mouth and lips amounting sometimes to a ludicrous grimace. His tongue has a thin, whitish coat, and the papillæ are slightly enlarged and reddened. To speak to him about biting at his lips makes him worse—if excited he is worse and besides he says he cannot help it. Santonine gives no relief.

E. C. OHMART.

CASE FOR COUNSEL.

Case of a young man, aged twenty-three, strong and hearty, very active, nervous, sanguine temperament, subject to nervous sick headaches, but aside from these occasional attacks, is apparently healthy, and feels perfectly well, but is alarmed at the appearance of his urine. About eighteen months ago, noticed a thin "greasy scum" rise to surface of urine after setting a while, with a white flocculent deposit floating near the bottom of the vessel. The "greasy scum" has increased gradually, to date, and when sunlight falls upon it, it presents most beautiful variegated colors to the eye. Amount of urine passed is normal, bowels regular, patient somewhat emaciated, but appetite and thirst natural. Fears consequences, if disease is allowed

to progress, and it was this fact led him to consult me. Does not use tobacco or liquors, and has never had any venereal affection.

I have searched my books through in the vain endeavor to find what it might terminate in; and am also dubious about what remedy to give. Will not some generous old physician enlighten me? What is the disease, and name remedy best suited? **MEDICUS RUSTICUS.**

MEASLES IN PREGNANCY.

To A. R. H., in the last INVESTIGATOR I will say, that since the first of March I have treated sixty-five cases of measles, and among the first was a woman that was pregnant five months, and so far has been doing as nicely as any of my patients. Of the sixty-five treated I lost none. While under the Old School treatment we had a funeral every day for three weeks. One woman pregnant four months being exposed to measles was given Puls. the 6th potency night and morn., and so far has not had any trouble, or measles either. I think that Puls. is a prophylactic in measles, as quite a number of my patrons that were exposed to the disease aborted it by taking Puls. 6x night and morning. I will give one case in particular. A child nine months old was taken with very decided symptoms of measles. I diagnosed measles at once and in four days my diagnosis was confirmed by the appearance of the eruption. Another child eighteen months older than the one being treated (and a brother) would watch its mother every time she would give the younger child the bottle of milk the older one would drink what was left of it. This was kept up through the entire sickness of the younger child and no measles yet now six weeks. Dr. Phinney, of Muncie, Ind., can give a case of measles during pregnancy treated by himself while in Wooster, Ohio. Remedies used during our epidemic were Acon., Puls., Ipec., and Bry. J. D. G.

Ethylate of Sodium in the Treatment of Nævus.—Dr. B. W. Richardson records in the *Lancet*, January, 1881, p. 168, his latest experiences of the use of the Ethylate of Sodium, which he prefers to the Ethylate of Potassium in the treatment of nævi. Several very severe cases are reported, in all of which a complete cure eventually resulted. One very important point in the treatment is to allow the dry crust to fall off itself, and never to use force to remove it, nor to allow a poultice to be applied to hasten the removal; for, if this be done, the scab becomes putrid and septicæmia may arise, a result that actually followed in one case, although in a very slight degree.

Medical News.

Wanted.—Crete, Neb., wants a good Homœopathic physician. Good place for a live man not less than thirty years old, and married.

Prof. J. R. Kippaz has returned from Toronto to 3,154 Indiana avenue, Chicago. It is the old story, "No place like Chicago." He reports that there are some fine openings in Canada for Homœopathic physicians.

Indiana Institute of Homœopathy.—The fifteenth annual session will be held at Plymouth church, west corner of Meridian street, north of Circle, Indianapolis, Wednesday and Thursday, May 25, and 26, 1881, beginning at 10 o'clock A. M.

Removals.—Dr. H. B. Fellows has removed his office to his residence, 2,969 Indiana Ave. Office hours, 8 to 10 A. M., 2 to 4 P. M. Communication by A. D. telephone.

J. I. Groves, M. D., from Thorntown to Shannondale, Ind.

New York Ophthalmic Hospital.—Report for the month ending April 30, 1881: Number of prescriptions, 4,310; number of new patients, 651; number of patients resident in the hospital, 14; average daily attendance, 166; largest daily attendance, 233.

CHAS. DEADY, M. D., Resident Surgeon.

Medical Society Meetings.—Members and delegates take due notice and govern yourselves accordingly.

Iowa, May 19 and 20, in Ottumwa.

Indiana Institute of Homœopathy, Wednesday and Thursday, May 25 and 26, 1881.

Wisconsin State Homœopathic Medical Society, June 1 and 2, in Fond du Lac.

Western Academy of Homœopathy, June 8, 9 and 10, in Chicago.

American Pædological Society, June 13, in New York.

American Institute of Homœopathy, June 14, 15, 16, 17, at Brighton Beach.

Ophthalmological and Otological Society. June 14, at Brighton Beach.

World's Convention of Homœopathy, July 11 to 14, in London.

Chian Turpentine in Cancer.—In the *Lancet*, January, 1880, p. 155, Mr. H. A. Allbutt, of Leeds, reports a case of fungoid medullary cancer in a lady, aged fifty-four, affecting the right side of her face and neck. It had begun to break down. The right side of the face was œdematous, the eyelids so swollen as to obliterate vision. All the lymphatics of the neck, thorax, and right arm were thoroughly

infiltrated. The general health was quite broken down, sleep and appetite were bad, the pain in the neck was great, and she suffered from palpitations and dyspnœa. Mr. John Clay's five-grain pill of Chian Turpentine was given thrice a day after meals. After three weeks, two pills were given at each dose; also a mixture containing three minims of liquor Strychniæ, with five minims of Perchloride of Iron twice daily. The general health so improved as to make her feel quite strong, she ate well, slept part of the night, lost the palpitations and dyspnœa, and, most remarkable and pleasing of all, the pains left her never to return. "I am persuaded," says Mr. Allbutt, "that life was prolonged, and her sufferings relieved by the use of Chian Turpentine. Had the disease been treated earlier by the above method, there would probably have been no return of the disease." Dr. Richard Neale calls in question the conclusions arrived at by Dr. Allbutt, and would rather attribute the improvement to the effects of the Strychnine and Iron, pressure upon some sensitive nerves being coincidentally removed by the spread of the ulceration. This explanation, however, Dr. Allbutt repudiates.

Allopathic Polypharmacy in 1879.—That Allopathy still means, at best, only "rational empiricism," despite all claims to superior science, the abundant praise bestowed upon Warburg's fever tincture, (See Reynold's System of Medicine on Fevers, etc.,) seems to prove. Here is the formula :

R	Aloes Socotrinæ,	1 lb.
	Radiciſ rhei Indici,	
	Semin. angelicæ,	
	Confect. damocratiſ*),	aa 4 oz.
	Radiciſ. muſcæ,	
	Croci ſativi,	
	Semin. fœniculi,	
	Cretæ præparatæ†),	aa 2 oz.
	Radiciſ. gentianæ,	
	Radiciſ. zedoariæ,	
	Piperiſ cubebæ,	
	Myrrhæ electæ,	
	Camphoræ,	
	Boleti lariciſ,	aa 1 oz.

The above ingredients to be digeſted with five hundred ounces of proof ſpirit, in a water-bath, for twelve hours; then expreſſed and ten ounces of diſulphate of quinia added; the mixture to be replaced in the water-bath till all quinia is diſſolved. The liquor, when cool, is to be filtered, and is then fit for uſe.

* *Confectio Damocratiſ.* Damocratiſ, as he is called by Galen, or Serviliuſ Damocrateſ, as Pliny callſ him, compoſed a formulary for the preparation of electuaries, plaſters, and all other uſual remedies, in a poetical form, for the purpoſe of preventing miſtakes by copyiſts in the quantities of ingredients. The metre, named waſ a tolerably certain means of preſerving the expreſſions of quantity, in ſpite of any abbreviations in manuſcript. He flouriſhed about 65 A. D. Fragments of hiſ workſ, among them hiſ receipt for "Mithridate" or

confection of opium, have come down to us. (Editions by Ch. F. Harless, 4to, Bonn, 1833; also by C. G. Kuhn). We give the composition of the confection according to the original Greek text but use in place of the Greek the corresponding common and botanical names, where they are fully established; otherwise we shall indicate the contrary. The London Pharm. of 1746 still had the formula, but with slight alterations, necessitated by the inability of procuring certain ingredients, or for other reasons.

CONFECTIO DAMOCRATIS.

Cinnamon (cinaam. Zeylonicum Nees)	16 3
Myrrh (balsamodendron myrrha Nees)	11 3
Agaric (of the larch, boletus laricis L.); Indian spikenard (andropogon nardus L.); ginger (zingiber officinale Roscoe); saffron (crocus sativus L.); seeds of treacle mustard (thlaspi arvense L.), [or in its stead, mithridate mustard (lepidum campestre Brown) Lond. Ph.]; frankincense (fr. pistacia terebinthus L.)	aa 10 3
Lemon grass (andropogon schoenanthus L.); costus (costus arabicus L.) [or in its stead: zedoary (curcuma zedoaria Roxb.) Lond. Ph.]; Indian leaf (fr. cinnamomum nitidum Nees; =folia malabathri) [or in its stead: mace (fr. myristica fragrans Houtt.) Lond. Ph.]; French lavender (lavandula stoechas L.); long pepper (piper officinarum C. DeC.); hartwort seeds (laserpitium silver L.); juice of hypocistus (cytissus hypocistus L., a parasitical plant growing upon species of cistus), liquid storax (fr. liquidambar orientalis Miller); opopanax (prob. fr. opopanax chironium Koch); galbanum (fr. species of ferula); balm of Gilead (fr. balsamodendron gileadense Kunth) or in its stead: expressed oil of nutmegs, Lond. Ph.]; Russian castor (castoreum Ponticum fr. castor fiber L.)	aa 8 3
Poley-mountain (teucrium Polium Lamb.); water germander (tenerium scordium L.); fruit of balm of Gilead tree (see above) [or in its stead: cubebs fr. piper cubeba Linn. f.); white pepper (fr. piper nigrum L.); seeds of cretan carrot (athamanta Creatensis L.) Bdelium (prob. fr. species of balsomodendron). [The original has here also: Troches of kyphi]; and a species of cassia, perhaps cassia fistula L.)	aa 7 3
Celtic nard (valeriana celtica L.); gentian (gentiana lutea L.); leaves of Cretan dittany (amaracus dictamnus	

Benth.); rose leaves (*rosa centifolia* et al. L.); parsley seeds (*petroselinum sativum* Hoffm.); amomum [uncertain what was meant by this; later supposed to have been cardamoms; so also Lond. Ph.]; fennel seed (*feniculum vulgare* Gart.); gummi (gum arabic, fr. *acacia verec* Guill. et Perr., etc.); opium fr. *papaver somniferum* L.).....aa 3 3
 Calamus (root of *acorus calamus* L.); valerian (root of *valerian phu* L.); anise seed (*pimpinella anisum* L.); sagapenum (fr. species of *ferula*); [The original here has also ariou, which interpreters think meant aram. But Andromachus in a similar work uses the term marou, which is supposed to be *origanum sipyleum*]. . . .aa 3 3
 Spiguel (*Meum athamanticum* Jacq.); St. John's wort (fruits and tops of *hypericum perforatum* L.); acacia juice of the wood, or leaves or fruit, according to Dioscorides and others, fr. species of *acacia* in Egypt [or in its stead: *Catechu*, Lond. Ph.]; bellies of skinks (the male skink: *scincus officinalis* Laur.).....aa 2 4 3
 Honey (clarified) three times of all the rest.
 [The original adds: Wine, sufficient].

The rules for the use of the remedy as given by Dr. McLean, of Netly, England, in the *Lancet* of Nov. 13, 1875, are as follows: "One half ounce is given alone without dilution, after the bowels have been evacuated by any convenient purgative, all drinks being withheld; in three hours, another half-ounce is administered in the same way. Soon afterwards, particularly in hot climates, profuse but seldom exhausting perspiration is produced. This has a strong aromatic odor, which I have often detected about the patient and his room on the following day. With this there is a rapid decline of temperature, immediate abatement of frontal headache—in a word, complete defervescence and it seldom happens that a second bottle is required. If so, the dose must be repeated as above. In very adynamous cases, if the sweating threatens to prove exhausting, nourishment, in the shape of beef-tea, with the addition of Liebig's extract, and some wine or brandy of good quality, may be required."

† Chalk was added to correct the otherwise extremely acrid taste of the tincture. ‡ The original here has the word *iberis*, which is usually applied to a species of *Lepidium*. But it is doubtful what is meant by it.

! This is composed of: Raisin-pulp and turpentine, aa 24 drachms; myrrh and lemon-rass, aa 12 drachms; calamus, 9 drachms; cinnamon, 4 drachms; bdellium, spikenard, cassia (?) cyperus, juniper berries, aa 3 drachms; trefoli *acacia* (*anthyllis Hermannia* L.), 2½ drachms; saffron, 1 drachm; honey and Cretan wine, aa q. s. The bdellium and myrrh should be reduced to the consistence of honey, with the aid of the wine; then they are to be mixed with the raisin-pulp and turpentine and the whole to be triturated with honey. Then all the rest, reduced to a fine powder, is to be added and mixed with stirring. The mass is to be made into troches, which are to be dried in the shade and preserved.

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Gynecological Department.

THE MENSTRUAL CLIMACTERIC.

BY SARAH C. HARRIS, M. D., GALENA, ILL.

Read before the Western Academy of Homœopathy at Minneapolis, June 1st,
1880.

We have chosen the word climacteric in preference to that of menopause from a crude notion that the former covers more territory than does the latter term.

We make but one claim on behalf of this essay, viz., the advantage possessed by the writer over her audience (at least over the great majority of those present) in a standpoint from which to view the subject.

As no man can possibly take exception to having it insinuated that he never was an "old woman" we have no fear of having this claim contested.

We have selected the present topic for two reasons. Firstly, because we have found the medical literature which has fallen into our hands exceedingly unsatisfactory upon

it. Secondly, because of the very large number of sufferers that are represented in the case. Except teething, whooping cough, measles and *first love*, we know of scarcely any disorder which claims so many victims, as does the one under consideration. Some people may be afflicted with small-pox, some with pneumonia, others with tuberculosis, and so on, but every woman who lives to the age of three-score must pass this, the menstrual climacteric and be subject to its miseries and its pains.

We said that we had found "the books obscure,—barren of really profitable matter upon this point."

We suppose that there is some good reason for this. Writers generally spend their labors upon *diseases*, and the menopause being only a crisis in the life of woman is not a disease, but a physiological condition.

Yet, though not itself a disease, it is the parent of diseases whose name is legion.

As a general rule the Homœopathic authors whom we have consulted upon the subject in question, give a heterogeneous catalogue of symptoms, and wind up by recommending a few drugs as most frequently indicated, referring the student or practitioner to the several chapters on disordered menstruation, and bid him search his *materia medica* for remedies for special conditions.

Now this is excellent advice and true Homœopathy, but somehow it always reminds us of a fellow-graduate of ours (who by the way was not a very thorough student) who, whenever quizzed by the Professor of Theory and Practice as to what he would do for certain conditions, invariably answered, "I would treat them Homœopathically." Of course we must prescribe for our patients the remedy or remedies Homœopathic to their condition, but in Heaven's name is there no guide to save us from wandering at large through the 250,000,000 of symptoms of our *materia medica* whilst the sick are waiting for our aid?

Some Old School writers have, we think, according to the light they possessed, done a little better here than have our Homœopaths.

Meigs, always fascinating, and long a very popular writer and acknowledged authority upon "Females and their Diseases" lays great stress (in this crisis) upon "an impaired condition of the blood, owing to inactivity of the *endangium* or blood membrane, and to loss of biotic force from impaired condition of the crasis of the arterial blood which is brought in contact with the substance of the neurine. (Page 447, 1st edition "Females and their Diseases.") Now if we can manage not to lose our footing by entanglement in this author's big words we may here find firm ground of sound sense to stand upon.

As the period of the menopause, approaches the blood is impaired in quality, though not yet diminished in quantity. Its vitality is of a low order. Observation proves this fact in many ways. Its color is greatly altered; the menstrual discharge loses its vivid hue and when dissolved, or mixed in water its coloring matter sinks as a sediment to the bottom of the vessel, having the appearance of a brownish-purple pigment. The woman's power of reacting against external influences is at a low ebb.

She is easily chilled, takes cold readily and can scarcely endure fatigue at all. Physical exertion is oppressive to her; and if by a strong effort of a strong will, she arouses herself and goes through the routine of her accustomed labors, the exertion makes her ill; she cannot sleep for fatigue; this practice being long continued, she breaks down. Under these circumstances our own Guernsey makes the surprising remark that there is "an unusual power of generating heat, etc., (page 547, third edition).

True, the woman is often compelled to "throw off clothing and open doors and windows" for air. But this same patient may be afflicted with an icy coldness of the spine which compels her to sleep, even in summer nights, in a blanket shawl. If she be given to brain work of any kind, during mental exertion, while her head throbs with excitement and her face and neck burn, with a purple flush, her feet will be as if packed in ice.

It is a blunder to call this state of things "an unusual

power of generating heat." It is the alternate chill and fever of a demoralized circulation.

Let us consider the question in its physiological aspects—the function of ovulation which has for thirty-two years been the habit of the woman, a function the fulfillment of which has in fact been the key-note of her physical harmony, more or less suddenly ceases to be accomplished.

The nerve force which has for so long a time been consumed in the monthly process of ovulation is released from duty; it is set free, an idle, mischievous element in the body physique. It is like a company of tramps turned loose in town, ready for any evil which may present, for

"Satan finds some mischief still
For idle hands to do,"

is a truism, in physiology as in morals. Where will this mischievous power first spend its force? This is our main question. Evidently it will be turned upon its own territory. What ground is that?

Its territory is very largely the ganglionic, organic or great sympathetic system of nerves; those nerves whose grey fibers supply all the non striated muscular fibre of the economy; the nerve force which presides mainly over the organic functions of circulation, secretion, excretion, reproduction, etc. Hence, a demoralized state of circulation, and of secretion and excretion is the leading feature of the disorders of the climacteric.

Hence we are necessarily led to look for a remedy of marked power over the sympathetic system of nerves. That remedy we have in Aconite—a drug whose great sphere of action is the ganglionic nerves. We find in Jahr (*Symptomatology*) quoted from Gerstel, the statement that "The primary action of Aconite consists almost exclusively of an affection of the nervous system, especially of the vaso-motor portion of the great sympathetic nerve,"—and again "Frequently the depressing action of Aconite is confined to the sphere of the sympathetic nerve,"—again "The secretions and excretions which depend principally upon the arterial influence will be more or less interrupted."

It is this power of Aconite over the nerves of organic life, and over the arterial circulation, which makes it such a mighty engine in the hands of the Homœopathic physician. It is this which constitutes it "the lancet of Homœopathy."

And in this influence over the sympathetic nerves it covers the ground claimed (and justly claimed) by the early scientific advocates of the Priesnitz—pathy for their packs, their douches, their showers, their sponge baths and frictions, viz. that by giving healthy stimulus to the vaso-motor nerves, they secured good peripheral circulation;—that by this means congestions were scattered, internal organs relieved, and the blood purified and vitalized. (This is the theory of water-cure in a nut-shell).

Thus, in Aconite alone, we have almost a complete picture of the disorders of the change of life, and when Leadem tells us (page 65, *Diseases of Women*) that "of all medicines Aconite is the most soothing at the climacteric period," he utters more practical good sense than we have found upon the subject in all the rest of the books put together.

For the maddening insomnia of this period we know of no remedy equal to the one before us. When the patient is quite comfortable, feeling in fact like other folks before retiring at night, yet as soon as she assumes the horizontal position and the blood begins to gravitate to the head, her brain grows active; the drowsiness which existed before retiring, vanishes; events of the day rise vividly before her; thoughts crowd on thoughts in rapid succession; presently there is a conscious bounding pulse in every member, as though the limbs would be raised from the couch with each pulsation; the carotids heave and surge and hum (to the patient it is a humming sound) like two steam engines; the blood goes spinning round the circle of willis like a maelstrom, and sleep flies to the farthest corner of the universe, (and this is the characteristic insomnia of the climacteric). Then we have no remedy like Aconite for quieting the frantic circulation and giving repose to the distracted nerves. Scores of times have we witnessed the tumultuous tide which was driving the patient to frenzy, yield imperceptibly to this

remedy, so that slumber would steal upon her unawares. It has succeeded where Bell., Coffea and its alkaloid Caffeine, Puls. and Lachesis, Ambra grisea, Hyoscyamus, Cypripedin, and Tela arenea had all failed.

When there is constant hyperæmia of the brain, day and night, and the moment the patient's head touches the pillow the bed begins to swing like a hammock, Gelsemium (3x to 6x) is a better remedy.

And we would here take the liberty of saying that Pulsatilla and Lachesis,* the two great remedies which head the list of drugs recommended for the troubles of the change of life, in all the books—Pulte, Guernsey, Jahr and the rest have disappointed us in practice.

Possibly our patients have not been of the right temperaments to be influenced by these drugs. Pulsatilla we have tried over and over again, and in cases where there was rheumatic swelling and pain of the small joints, we prescribed it with the greatest confidence;—still we saw no markedly beneficial results from the use of the drug. Nor can we, indeed, see any good reason for the wholesale recommendation of Pulsatilla in the climacteric. Hughes says of the remedy, "I see no reason for supposing that Puls. has any general influence upon the nervous system or upon the blood" (Pharmacodynamics). Its action upon the generative organs is certainly rather adapted to the period of puberty than to that of the menopause; moreover in cases demanding Puls. it is acknowledged, we believe, that diarrhœa is a pretty general symptom, whilst inveterate constipation is, in the great majority of cases, a condition of the climacteric patient.

Next to disordered innervation, the main physiological feature of the menopause is evidently an excess of blood,—of *venous blood*, if you will, in the organization.

For thirty-two years (more or less) nature has been accustomed to provide an extra supply of blood in order to furnish

*May be it is because we have employed the solution that Lachesis has failed us. Recently we have resorted to the *trituration*, and are much better satisfied with the drug in this form.

material for the monthly evacuations. More or less suddenly this avenue of discharge is closed; the old habit of providing for the waste goes on, and in consequence, the vessels, and all the tissues supplied by them, become overloaded with blood, which, as we have already seen, is of poor quality and low vitality. The glands and the viscera do their duty sluggishly. Superabundance of poor blood acting in conjunction with disordered innervation, congestions are the result.

The kidneys, though sharing in the common feebleness of the members, yet always accommodating, try to aid the circulation of this excess of watery blood. In so doing they are over-worked, they become exhausted and fail in their duty. The blood, no longer cleansed as was its wont, becomes more and more depraved in quality, and uremic poisoning may be added to the catalogue of ills. The brain suffers—the vision suffers—the more delicate and sensitive the tissue the more keenly it suffers from contact with this poisoned blood.

Authors, and so far as we have means of knowing, practitioners too, are accustomed to utterly ignore the fact of the very great part which the kidneys have to bear in the burden of the menopause. It is the most surprising oversight of all their crude reasoning. The ordinary physician sneers at his patient when she tells him that she is suffering in the urinary tract.

In the books that we have consulted, we do not find a single mention of *Apis* as a remedy especially indicated in the climacteric. If we were compelled to battle the disorders of the climacteric with *two* weapons alone, those weapons would be *Apis* and *Aconite*, if but one were granted us, we hardly know which of these two we should choose.

I cannot recall a single instance in my own observation, of a woman struggling in the miseries of the change of life, where *Apis* was not *some time* indicated, and where if employed, it failed to do good service. But we have been compelled to use the drug in comparatively massive doses in order to get the desired results, (probably because it was

a *physiological* condition that we had to grapple with). Taking our authority from clinical remarks in Jahr's *Symp-tomatology* (page 272, 6th Am. Ed.) we have employed the 1x in doses of from five to ten or fifteen drops three or four times per day. Any thing more attenuated than this has done us poor service in these cases.

We have seen a patient who for two years had been struggling with incipient amaurosis, and with inveterate insomnia and cerebral congestion to a degree which threatened insanity, a patient who had been "right along" under the care of the most skillful Homœopathic physicians, suddenly begin to revive and to pull steadily back into the road to health, simply by taking Apis as here described.

We have seen another lady (aged fifty-one) one year after the cessation of the menses, bearing all the evidences of uremic poisoning. Her sleep was heavy even to stupor, the eyes were dull, the senses obtuse, the brain acted sluggishly—the urethra and meatus urinarius were congested and inflamed to a degree that made walking almost impossible. She said to me, oh, so pitifully, "I tell the doctor that my trouble is in my kidneys, but he says, 'All old women think there's something wrong with their kidneys.' He offered to give me dandelion for my liver, but I *know* the trouble is not in my liver." As a friend and neighbor we sent her Apis mellifica and Cannabis sativa with instructions how to use the remedies and her distress was speedily relieved.

We once administered Apis to a lady who had been for seventeen years a sufferer from almost every ill "that flesh is heir to," ills which we had striven successively to overcome in her case, and on meeting us a few days afterwards upon the street, she expressed herself as feeling so light and buoyant that she had told her husband she felt as though she "could dance all through Lent."

One of the most marked effects of Apis and one that is greatly needed in this class of cases, is that of arousing the reactive forces—lifting the patient out of the deep ruts into which she has fallen—a rut into which she keeps slipping back, again and again, do what you will to pull her out.

Whether this power of Apis in stimulating the woman's vital forces into a state of healthful activity, is a *direct nerve influence* of the drug, or whether it is secondary to its action upon the blood through the kidneys, we do not know; but it is in many cases experienced so quickly after taking the remedy that we should incline to think the former might be the correct hypothesis.

The question may be asked will not congestion of the kidneys make itself known by sensible alteration in the quantity of urine? Of course if the decrease or increase is very marked, the patient will be likely to observe the fact;—otherwise she will not.

Apart from relief of actual abnormal congestion of the kidneys, we are convinced that a gentle stimulus to them administered now and then is highly beneficial to the patient in the sense of a simple depletant; in short it covers, with perfect comfort and safety to the patient, the ground of the "small bleedings" and "drastic purgatives" of the Old School as recommended by Tait.

Apis and Aconite together meet largely the demand expressed by Meigs of "disorders affecting the endangium" and "the ill health due to a change in the crasis of the blood—and loss of biotic force from contact of such arterial blood with the substance of the neurine."

We have learned to regard the chronic state of irritable bladder, with or without dysuria, so extremely common at the "critical age," and more especially as a *post climacteric* condition, as a sequel to congestion of the kidneys. It is probably partly nervous, and partly a result of irritation of the mucous membrane of the neck of the bladder and of the urethra owing to presence of acrid or irritating elements in the urine.

In the earlier stages of the trouble Cannabis sativa seems to act remarkably well. Old and stubborn cases would probably be more impressed by Copaiba, at least this remedy is highly recommended by Hughes, though we must say that our success with it has been nothing to boast of.

In these latter cases we would rather trust to the deeper

and more radical effects of the mineral remedies, as Plumbum and Zincum (of course Apis is desirable as an auxiliary whatever remedy is chosen).

One of the most distressing and intractable cases of any kind that we have ever met was that of a lady, aged about fifty-six, with this trouble. In fact the poor creature had been existing for years with apparently no earthly object in life but to urinate, and to defecate—inveterate constipation being also one of her troubles.

We tried successively the whole catalogue of remedies recommended especially for diseases of the urinary tract, (for she had symptoms of them all) without success. Next we addressed our forces to the constipation, thinking this might be a more vulnerable point upon which to attack the citadel of her ailments. Although she had not had a spontaneous evacuation for many months, Plumbum promptly relieved this trouble.

Zincum was then tried for the urinary difficulty, and seemed for a time to be making a decided impression. Yet *only for a time*, so the remedy was abandoned. At this time, both patient and physician growing weary of the struggle of what seemed to be an incurable case, we left her, supplied with a vial of Plumbum to be used when the recurring constipation should call for the remedy. Three or four months afterwards we made a neighborly call upon her, and found her, (instead of being confined to her sick chair as when last we saw her) stepping about the house as light as any body of her size. In fact, though *not well*, she was like another being. We give this fact for what it is worth.

We should have mentioned in connexion with this case, a terribly severe and very frequently recurring pain, always referred to the right side of the vagina. An examination by speculum revealed the uterus high up in the pelvis, lying horizontal, its fundus to the right, evidently pressing upon the sacral nerves—this last fact accounting for the severe nervous pain spoken of. By the way, we have found the uterus in this same position in chronic hæmorrhoidal dysentery. Prof. Ludlam (page 271, *Diseases of Women*, 4th Ed.) speaks of

latero-version of the uterus, the fundus thrown to the right side as a condition incident to paralysis of the rectum.

Without daring to plunge into waters beyond our depth we would beg leave to make one or two suggestions in regard to dose. Homœopathic authors generally speak of the climacteric patient as being extremely susceptible, and recommend a very small quantity of an extremely high attenuation of the given remedy.

Now we admit that this may be, and probably *is* true, in reference to remedies addressed directly to the cerebral nerves, yet of drugs bearing upon the physiological condition in general and upon the secretions in particular, our experience has been in favor of appreciable doses and a rather low potency. Of Aconite to relieve insomnia, we find one or two drops of the 1x solution none too great a dose, as we regard the question the rationale of this view of the subject seems simple enough.

The great excess of impure blood in the circulation, we think tends to neutralize the action of the drug even as a blood poison sometimes does. The low grade of reactive force causes the patient to respond feebly to the drug influence. Hence it is very possible that in order to accomplish a certain result a large *quantity* of a given force must be used. This is merely a suggestion.

Perhaps, gentlemen and ladies, we owe you an apology for having consumed your time in reading a purely physiological paper. But having committed this offense, we will not try to atone for it by entering upon a detail of the *diseases proper* pertaining to the climacteric. Verily this were "to give an epitome of the whole practice of medicine."

In conclusion, gentlemen, permit me to appeal to you on behalf of this large class of patients. You will find them try *your patience* sorely.

You will tax your skill and your brains in relieving their ailments, and they *won't stay cured*.

You will find blended intimately with their tangible ills, phases of hysteria which will puzzle and annoy you greatly.

You will hear from their lips the same story over and

over again, until, wearied beyond endurance with the monotonous dole, you will think (if you don't say it) that an old woman had better die and have done with it. May be she *had* better die, but she *cannot*.

Even death, in his grim fashion, kind to other sufferers, refuses to open the door of deliverance to these.

We have long been convinced that the fabled Prometheus was a woman. If he had been a man, death would surely have come to his release. Only a woman could be gifted with such powers of endurance as to supply eternal vitals to feed the immortal vulture.

Because the woman does not die you may think her illness imaginary. It is not so.

Of all epithets of contempt within the profession or without, the epithet of "old woman" is the most contemptuous. The old woman knows this, and feels it keenly. She will hide her sufferings from her physician until they become intolerable, and when her complaint comes to you it is often a smothered cry of agony.

The *one* kindness vouchsafed to woman by nature, cruel to her daughter in all else, is the sunny Indian Summer of life, after she has passed its autumnal equinox.

Thirty years of a woman's experience, the worry and discomfort of menstruation, the weariness of pregnancy, the agony of labor, the confinement of nursing, the toiling days and sleepless nights of maternity have exhausted her strength and now she finds herself on this stormy sea, a sea in which so many barks go down, and where so many more survive as merely stranded wrecks.

As physicians loyal to your high calling, no nobler duty awaits you than the duty of conducting these barks safely through the troubled waters into the haven which lies beyond—a haven where renewed life, physical, intellectual and spiritual, awaits the voyager.

Be patient, be faithful to these tempest-tossed ones, and like a certain wise man of old, every night, upon your bended knees, "thank God that you were born a man and not a woman!"

MEASLES IN PREGNANCY.

The May 1st number of *THE INVESTIGATOR* contains an inquiry if any one had treated a case of measles when a woman was seven months pregnant. I would say in reply, for one, that I have just had a case of the kind, and the lady is around again as well as usual, and expects to be confined within about six weeks. I have had others at different stages of pregnancy within the last thirty years. They are all alive yet and their children also. I may be much more fortunate than some are, as I do not ever give physic in any disease.

S. W. S.

TONSILAR ABSCESS AND AMENORRHŒA.

A lady unmarried, forty-three years of age, dark complexion, of rather full habit, and of consumptive family, though in her case nothing developed as yet, asked me if I could do anything for her throat, which she said had been sore for more than a year, and at times giving her great trouble.

On examination, I found left tonsil enlarged to about the size of a large walnut. In the centre a deep ulcer with irregular edges, angry looking and of a deep purple color, discharging a great quantity of pus streaked with blood, regularly every month at the time of menses. This condition had obtained for more than a year; each time becoming more painful, and of late accompanied with chills and fever.

I hesitated, fearing that to heal the ulcer might cause the same trouble to break out in some of the vital organs, and the last state be worse than the first. I gave Aconite 3x to reduce the fever, then gave Sulphur 3x for three days, followed with Lachesis 3x in doses of three drops in water three times a day for a week, then Sulphur 3x for a few days and Lachesis 30x once a day for a week. The following is the result.

Before the return of menses ulcer healed from the bottom,

inflammation and swelling reduced and general health improved. Her menses came on natural as usual, no symptoms of throat trouble. The case is a perfect cure.

It is now about five months; the patient is enjoying the best of health, attending to the business of a large farm, and thankful for "*Homœopathy*."

C. MCKELORY.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

SHILOH, Ohio, May 18.—Prevailing diseases are: (1.) Influenza. (2.) Hooping cough. (3.) Mumps. Remedies used: (1.) Phos., Arsen., Bell. and Nux. (2.) Cuprum, Drosera, and Ipecac. (3.) Merc. sol., Puls., and Rhus tox.

SAM'L S. HOLTZ.

CHURUBUSCO, IND., May 12.—Prevailing diseases are: Pneumonia, cholera simplex and bilious remittent fever, with an occasional case of diphtheria. Remedies used: (1.) Acon., Bry., Phos. and Tart. emet. (2.) Puls., Ipec., Nux. vom., Bapt. and Ars. (3.) Gels., Cham. Cold stage, Acon., Bell. Hot stage, Ipec., Bapt. and Ars.

JOHN P. KESTER.

NEW ALBANY, IND., May 12.—Weather extremely hot, but has not yet produced intestinal catarrhs, and the winter diseases have gone. Rhus. tox. and Bryonia still meet nearly all the acute diseases, not in alternation but each according to its characteristic symptoms. The summer diseases will probably require other remedies.

A. MCNEIL.

CHAMPAIGN, Ill., May 18.—Prevailing diseases are: (1.) Measles. (2.) Rheumatism. (3.) Pneumonia, especially as se-

quelæ. Remedies used: (1.) Acon., Bry., Puls. (2.) Acon., Bry., Rhus. (3.) Acon., Bry., Phos., Sang., Chel., Tart. em., Sulph. Several have died from measles. I lost my oldest boy of pneumonia following measles. Wife had died only a month before of pneumonia in connection with hepatitis.

T. J. MERRYMAN.

SURE CURE FOR HOOPING COUGH.

“I have something that beats all the so-called specifics for whooping cough,” said Pharmaceutist Smith. On inquiring what it was, he replied that it was *Corrallium rub.* 30 and *Cheledonium maj.* 30, a dose every four hours (no oftener) alternately. He related several instances where whole neighborhoods of Allopathic patrons had come to get those “little pills that cure whooping cough.”

NICKEL PENNY SWALLOWING.

Did you ever know a child to live which was treated by physic and its accompaniments for swallowing a penny? I have known more than twenty live which had swallowed pennies that did not take physic or anything else. I have a son who swallowed a piece of china with gilt edge, three-cornered, five-eighths by one-half inch in size. It cut its way down. I did nothing for him, and he is alive and well now, and it is more than thirty years since he swallowed it. Physic kills more than the battles. How strange it is that so much is taken. My practice is entirely without. Over thirty years and not one loss of patient in child-bed. No consumptions following treatment of any case. No children inheriting diseases which make them sick after birth, which does not make them sick before their birth. All nonsense to call a disease hereditary which is only shown in decline of life, after thirty or forty years of robust health,

or even one year of health. Treatment kills in the case of the penny, measles in pregnancy, consumption, cancer, and the most of those who die under seventy. My grandmother and mother died at about fifty, by nature strong, but always doctoring with physics. My grandfather lived to be one hundred and one, and never took a potion of physic.

Right here in Troy, Pa., is an old man ninety-five, and his wife over ninety, and who have four children living, and only lost one. These old people could not give any disease to great-grand-child and grand-children, who are weakly, crooked, puny things, and many of them have died of scrofula (physic). You can't make a child of medicine and have it breathe. People can't live on medicine, as many believe, swallow it down by the spoonful, nasty enough often to turn a dog's stomach. All of the old physicians, who are men of observation, denounce this eternal stuffing medicine.

S. W. S.

A CASE OF SKIN GRAFTING.

In a former number* of this journal I gave an account of two cases of large and severe burns from lightning, one of which came under my care, while the other was treated by an Allopathic physician, and the comparative results of the two treatments: Homœopathic medication and warm poultices of flax-seed meal on the one hand, and Allopathic treatment and local applications of linseed oil and lime water on raw cotton on the other.

At the time of writing the article, my patient had been entirely well some time. The other, after continuing about three weeks longer under the same treatment and growing continually worse, discharged the Allopath and put himself under my charge. The burnt surface, beginning at the top of the shoulder, covering the whole upper arm to the elbow and extending on the chest to the clavicle and covering about one-half of the pectoralis major muscle, and on the frontal

* May 15, 1890.

surface of the forearm half its length, was an entirely raw sore, exquisitely sensitive, bleeding at the slightest touch, and puffed up in many places with an exuberant growth of unhealthy granulations. Suppuration was very profuse and of a thin, ichorous and irritated character. Placed upon his back and utterly unable to move his body or arm, he was literally wallowing in the discharge from his sore, when I saw him, and his wife informed me he had lain in this state for weeks because the doctor would not allow his sore to be dressed oftener than once in twenty-four hours. His pulse was 110 and had been for weeks. The patient had been allowed, withal, to eat what he wanted, and that had been as bad a diet as a capricious appetite could select. Under these circumstances a cure of the sore was impossible, and I very promptly reversed all the proceedings, put him on a simple, easily-digested and nourishing diet, dressed the sore frequently with *Calendula* cerate after bathing it in a dilute solution of Carbolic acid, administered *Silic.* to correct the healing process; and in a short time the sore assumed a healthy appearance.

I then arranged for him a chair with a support for the arm, so he could sit up part of his time. In a few days he could sit up all day, his sleep, which had formerly been very restless, of short duration and unrefreshing, was very quiet during the whole night, refreshed and strengthened him, and he rapidly gained in health and strength. During this time, however, the sore made no perceptible progress towards healing. Knowing that the healing process was only carried on by extension from the healthy skin and would be exceedingly slow, I commenced grafting healthy skin upon the sore. Clipping little bits of skin of the size of a pin's head from his well arm and from other persons present, I placed them upon the denuded surface in rows about half an inch apart, fixing them with strips of adhesive plaster. Many of the little bits would seemingly die away, but in a few days a thin film of healthy granulations would arise around the minute speck and would thus spread from this day by day in concentric rings, and in a short time coalesce

with its neighbor. I made as many grafts at each visit as I could secure, and soon the sore was covered with hundreds of little islets of growing skin. The operation was a complete success from the first, fully fifty per cent of the grafts growing notwithstanding the suppuration and the difficulty of retaining them in place on so large a surface. By winter the arm was covered with a good and fairly elastic integument, so that he was able to use it in teaming and other work.

T. M. WATSON.

MY TREATMENT OF HOOPING COUGH.

BY T. ROWSEY, M. D., TOLEDO, OHIO.

Read before the Homœopathic Medical Society of Ohio.

Sydenham christened this abomination of childhood, pertussis, and Cullen, afterwards having accepted the sponsorship of the name, confirmed it.

The most vivid and realistic pictures ever drawn of hooping cough was executed by the pen of Watson in his "Theory and Practice of Physic." Many writers have slighted themselves and the disorder by giving very feeble descriptions of it. The malady has been, and yet continues to be, one of the *opprobria* of medical art. There are but few physicians who are made glad by being called to treat cases of the disorder. No school of medicine, rational or irrational, new or old, has laid down precise rules for our guidance in the management of this form of infantile distress. The schools seem to desert the art of healing as applied to this malady, and betake themselves to the pleasanter realms of theory, whence they throw out suggestions of remedies equal in gross to the combined numbers of practicing physicians and unprofessional women whose chief delight would seem to be to dabble in domestic physic.

It is very difficult to "fit" a remedy to the morbid picture of a gasping, strangling child. While the experience of each day yields me some grand fact which strengthens my love of and my faith in my own school, I am now and then reminded

of the impossibility of any perfect system of medicine. This, allow me to add, is a very wholesome reflection at times. While nine-tenths of the cases in general practice afford me a calmer and clearer conviction of the power, the beauty, and the truth of Homœopathy, I occasionally, in common honesty, recognize a halting place.

Now in any conflict between scientific practice and the empirical aid, which is so frequently found uncollected and unproven, duty to the sick and suffering must alone be the arbiter. Success will always dignify the measure and the means.

Some years ago English physicians rejoiced over the discovery of a specific in Lobelia. Time soon convinced them of the idleness of such a conclusion. Again, after endless lists of other remedies had been tried and discarded, Chloral hydrate, alone, or in some of its combinations, seemed to give brilliant promise of brighter results. But to-day it has ceased to attract much attention as a curative. Occasionally a cure will be effected by this, that, or some other remedy, only to meet with failure in scores of other cases. Homœopathy has achieved, many times, splendid success with Belladonna, Drosera, Chelidonium, Ammonia muriatica, Trifolium, and a multitude of other remedies, in the usual isolated fashion. But I contend that they have failed as remedies for they have wrought only exceptional cures. Not one of them has been to hooping cough what Belladonna is to scarlatina, or Pulsatilla to measles, or Teucrium to nasal polypus. Here the healing mantle is so broad that we need not stop to adjust the folds so nicely as to cover every part. A clinical fact wherever obtained is valuable. Admit that we cannot reduce the application and the means of cure to scientific precision are we therefore to reject such help?

In the treatment of a malady like pertussis there is but one indication, *i. e.*, the cure or relief of the sufferer in the quickest possible time. The anxious mother cares very little about the fastidiousness of therapy, or about professional wrangles over the “key-note” in the “hoop” of her

little darling. Then the value of any remedy which will effect relief, or cure, in the greater number of cases cannot be questioned. If that remedy be gross or crude as interpreted by the refinement of a more delicate but more emaculated therapy who is responsible? I fancy that God Almighty ordained that all men should die. The brilliant, incomprehensible accidents of practical medicine meet us every day. Nearly every physician of long experience has his private formula for the treatment of particular maladies. He talks well and learnedly of the recognized methods of treatment but clings very lovingly to his private remedy. It is impossible for a close observer to practice medicine many years without gleaning clinical facts, which, subjected to the best of daily experiment, will win him reputation and success in some special field. I have no reverence for theorists. I would not give one vigorous fact, picked up as a weed or a wild flower by the wayside, for a folio of stupid theory. One wrestles and struggles in the tide of active life while the other slumbers and dreams in the closet.

But I fear many of you may think that I am making a defence of my own treatment of hooping cough. Be not thus deceived. I have confidence in my treatment, and care nothing for defence.

Assuming that pertussis is caused by an inflammatory condition of the upper part of the bronchia, of the larynx and part of the trachea, I have, after fifteen years of persistent trial, discarded every remedy but the following:

R

Tinct. Castanea

" Lobelia infl.

" Symplocarpus, aa iʒ

M.

Sig.—Two teaspoonfuls into a goblet half full of water, mix well, and give two teaspoonfuls every hour. Continue this treatment steadily. In the cases of very young babies I have been compelled to lessen the dose. I have made it a point to produce vomiting as early as possible in the paroxysm. I use this remedy invariably. I have met with six or seven failures during my experience with the remedy. My

experience has been obtained from nearly five hundred cases in this city and abroad. The average of treatment has been fifteen days. Many infants under two years would cease coughing within ten days. I have rarely been called on to continue treatment beyond the third week. I have said nothing about diet for I do not change the daily habit.

I have written earnestly, for the results of this treatment have been as I tell you. Where the similarity of result has occurred among so many that result must have been due to the remedy used. In every case where treatment was begun in the first stage the result was much more favorable.

Now I have given you, perhaps not as briefly as I might have done, my treatment of hooping cough.

If the method proves to be somewhat novel in the therapeutics of our school I cannot help it. If I have wandered somewhat from the limits of the fold, any sorrow that I might feel thereat is drowned in the consolation of the successful ramble.

EXPERIENCE WITH SMALL-POX.

As small-pox at present is raging in many places, and nobody knows which place might be visited next, it will not be out of the way, I suppose, to ask of those who perhaps lately have had a large amount of experience in the matter, to kindly answer the following questions for the benefit of the profession at large:

1. What is the most successful treatment of small-pox?
2. Which medicines are the *most* called for; what are their indications?
3. What *adjuvants* are used with benefit either to allay pain, itching, scratching, throat troubles, etc., or to prevent that dreadful *pitting*?
4. Is there a marked difference in treatment (or rather does it call for other remedies or adjuvants) between patients who are vaccinated or *not*?
5. What are the *results* of *Homœopathic*, compared with *Allopathic* treatment, in *severity*, *duration*, or *fatal termination*?

Some use in the febrile stage Acon. and Bell., but considered by others as of no benefit at all. Some think Cimicifuga (Low; or the alkaloid Cimicifugin) is our chief remedy in all stages of the disease, while others consider Tart. emet. nearly a specific. Our late Father Hering (see *American Homœopath*, March, 1880) seems to consider Sinapis nigra (no potency or symptoms given) as a preventive and *certain cure*. As every epidemic is the best school for learning and establishing facts—confirming or contradicting theories held, we would like to know the *results* of the best treatment and how obtained; so that each of us may be posted and properly armed should the enemy appear within our walls.

J. B. L. CARDOZO.

Consultation Department.

MEASLES IN PREGNANCY.

In reply to A. R. H. in THE INVESTIGATOR of May 1st, I can say that I know a lady who had the measles in April, 1864, and was delivered of a fine healthy boy the following August. Mother and son are still alive and enjoying excellent health. B. S. SNYDER.

ANSWER TO G.'S CASE.

Try Calendula water for gonorrhœa. I have used it often, and had good success in all my cases. Make it one-half water. It works like a charm; in fact, I prefer it to any injection I ever saw. Let's hear from your case. Inject four times a day. Let him take Aconite 3 gtts and Cannabis sativa 5 gtts in alternation every two hours.

T. B. JACKSON.

ANSWER TO CASE.

I had a case about ten years ago similar to the one described in May 15th INVESTIGATOR by "*Medicus Rusticus*." A young man of sixteen or eighteen years which developed the most persistent and frequent convulsions I ever witnessed one day as many as fifteen or twenty in an hour at times. The consulting physician (I. T. Talbot) said there was no hope, but I hung on and continued my remedies

and he *fully recovered* and is a very active business man. I diagnosed strong tendency to *fatty degeneration of the kidneys*, and though for a few years he had a fit once in a great while, after excessive fatigue, he seems now to have outgrown them. I think the remedy indicated now is Arsenicum.

E. P. SCALES.

A SUGGESTION.

As Claude Bernard has caused temporary diabetes in animals by faradization of the pneumogastric nerve, and as Duchenne found "glucose in the urine of a patient after faradization of the same nerve, in whose urine ordinarily there was no glucose;" may not the cause of diabetes originate in some disturbance of the functions of the pneumogastric nerve, and not in the liver, or kidneys, or brain. And if faradization will cause glucose, why will it not relieve it. I would urge its trial in diabetes—say the weakest possible current. Negative pole to the base of the brain, and positive pole to the lungs; first, twelve minutes daily, gradually increasing the interval, if there is improvement, and if no improvement increase the time of faradization every few days until say thirty minutes was reached. Then, if no improvement, reverse the poles, and apply as in the first instance, measuring amount of urine voided, and taking the specific gravity daily, and especially watching the appetite and condition of the skin. This would not prevent the use of any *clearly indicated remedy*. I think it a great mistake to put a patient on meat diet, in disease of the kidneys. Keep them from nitrogenous food as much as possible, and rest the kidneys all we can. In diabetes it may be well to exclude all vegetables that grow in the ground.

J. C. CUMMINGS.

CASE FOR COUNSEL.

J. B., aged sixty-five; sandy hair, blue eyes, sanguine temperament, farmer, always labored hard. Has had soreness and stiffness in hips for a year. About two months ago, without any other symptoms, a severe aching commenced posterior to the great trochanter of the femur, extended down and around to the anterior part of the thigh nearly to the knee and sometimes from below the knee down the anterior part of the leg into the foot; never any pain in the knee, and is usually confined to the hip-joint and outside of thigh, about midway between hip and knee. No tenderness on pressure. No coldness or burning. He gives the character of pain as of a drawing tearing character, as though the flesh were being torn loose from the bone. Not much pain through the day, but after he goes to bed

at night and sleeps about an hour, he either has a twitching of the leg, or moves it a little, and then the pain darts in, and he can get no relief until he gets up and sits by the fire and rubs it a few minutes, which relieves it, and then he goes to bed again to repeat the same proceeding about once an hour during the whole night. Change of weather does not affect it any. Appetite good, bowels regular, urine somewhat scanty and sometimes reddish color. Feet and legs are swollen up to the knees, and sometimes will pit slightly on pressure. Perfectly healthy in every other respect. Will answer any questions. Would like to have treatment. SAML. S. HOLTZ.

LOCO FOR HYDROPHOBIA.

About that remedy for hydrophobia. In *THE INVESTIGATOR* for May 1, 1880, G. B. S. promised a report of results of experiments with Loco, as a remedy for hydrophobia. I have been looking for this report with some interest, as soon after that I received a letter from a gentleman in Colorado giving symptoms of an attack which his son had, with all the symptoms as described by G. B. S. I sent Hyoscyamus for the young man, and questioned the father on the possibility of his son having been "loco'd," as they call it in Colorado. He at first thought not; but in after correspondence said it was possible, but did not know. The Hyoscyamus cured the young man. Has G. B. S. reported upon the remedy yet? S. A. NEWHALL.

Book Department.

A TREATISE ON DIPHTHERIA; ITS HISTORY, ETIOLOGY, VARIETIES, PATHOLOGY, SEQUELÆ. DIAGNOSIS, AND HOMŒOPATHIC THERAPEUTICS. By A. McNeil, M. D. Chicago: Duncan Brothers. 12mo.; pp. 145. \$1.00.

This is "a prize essay," and demands more than a passing notice. It would seem that we had books enough on diphtheria, but none have proven satisfactory. The publishers offered a prize of \$100 for the best concise practical treatise. The committee of award were the well-known veteran physicians Drs. G. E. Shipman, D. S. Smith, and A. E. Small. The work is neat, attractive, and one that proves satis-

factory upon careful examination. In the etiology the germ theory is proved untenable, and the statistics of tracheotomy would render that expedient doubtful. The best part of the work is the clear, definite indications for the remedies which does not include all from A to Z, but only those that experience have proven of value. Take it all in all and it is a valuable work for every physician. C.

SPECTACLES; AND HOW TO CHOOSE THEM: An Elementary Monograph. By C. H. Vilas, A. M., M. D. Chicago: Duncan Brothers. Price, \$1.00.

The author of this monograph has sought to present in familiar language and in a practical way the important subject of the selection of glasses. That he has succeeded in producing a very readable essay designed to stir up the pure minds of the profession to a sense of the practical importance and theoretical depth of the subject, we have indubitable evidence. Were the essay especially designed to give a hint to general practitioners as to how little they really know, or claim to know, of the scientific selection of spectacles and faintly to indicate to them how much harm may result from a blunder in this matter, the same could not have been more skilfully written. In a word, it is well adapted to show that the study of errors of refraction is intricate enough to demand a thorough training on the part of the physician before he is qualified to give intelligent advice concerning the use of lenses as an aid to certain forms of impaired sight. The work cannot be expected to take the place even of the most elementary text-book, and evidently was not so intended; yet if it accomplishes no other end than that of teaching physicians and their patrons how grossly swindled they are by traveling opticians (peddlers), it will have done enough to gratify, if not in a certain way to compensate the author for his pains. W. A. P.

Calabar Bean in Traumatic Tetanus.—Mr. C. C. Burman, in the *Lancet*, January, 1881, p. 172, gives the history of a boy aged eleven years, who, on September 8th met with a severe lacerated wound on the heel. On September 17th he began to complain of a stiff neck, and on the 21st the first convulsion was developed. Many remedies were used, such as Chloral, Belladonna, Morphia, ice to the spine, etc., without avail, and on the 29th Calabar bean lamels, as prepared by Messrs. Savory & Moore, containing the one-sixtieth of a grain of extract, were inserted between the clenched teeth every four hours. On October 3d there was a decided improvement, which continued so that on the 7th food could be taken, and the lad made an uninterrupted recovery.

Society Proceedings.

THE OREGON STATE MEDICAL SOCIETY.

The Oregon State Medical Society held its sixth annual session at Portland, Oregon, 3rd and 4th of May. Dr. H. McKinnel re-elected President; Dr. Wm. Gieger, first Vice President; Dr. A. E. Sanders, second Vice President; Dr. O. B. Bird, Secretary and Treasurer; Dr. L. H. Henderson, Corresponding Secretary.

Dr. A. Pohl presented the subject of hydrophobia in a very able manner and the discussion of the subject of rabies was conducted with much interest to all.

Dr. Wm. Gieger gave his extended clinical experience in typhoid fever; to which Drs. McKinnel, Bird and Henderson added many cases of interest. Dr. C. E. Gieger of Victoria, B. C. offered a valuable paper on asthma, in treatment of which he has in his field ample and successful experience. Dr. O. B. Bird in an able paper remarked pneumatic inspiration, galvano-puncture, elastic ligature and esmarch vasilage, asthesiometer, etc.

Dr. Henderson presented a paper, "Present Status of Homœopathy in the United States," showing that Homœopathy, was making rapid and permanent progress in Oregon.

Dr. A. E. Sanders spoke of Belladonna as a prophylactic in the late epidemic of scarlatina. Dr. T. N. Wilcox spoke of "Fresh air" in treatment of wounds, basing his remarks on observations on the field during the late war.

A public meeting was held Tuesday evening, able addresses made by Drs. Wilcox, Bird and Gieger. Mrs. Bird presided at the piano, accompanied by the violin, clarinet and cornet, eliciting frequent applause.

L. H. HENDERSON, M. D., Cor. Sec'y.

THE NEBRASKA STATE HOMŒOPATHIC MEDICAL SOCIETY.

This society convened in the Academy of Science rooms at 2 o'clock P. M. Vice President, Dr. C. M. Dinsmoor of Omaha, in the chair. Dr. H. E. Marr was chosen secretary *pro tem*.

After the transaction of miscellaneous business, the association listened to the report of the various bureaus, which included the reading of the following papers:

"Hygienic Management of Infants," by Dr. Cooley of Lincoln.

"Phytolacca in Induration and Swelling of Inguinal Glands," by Dr. Baston.

"Our *Materia Medica*, by Prof. A. C. Cowperthwaite, of the State University of Iowa. On motion of Dr. Parsell, a vote of thanks was tendered Prof. C. for this paper.

"Clinical Use of Belladonna," by Dr. B. L. Paine, of Lincoln. These papers elicited a free and full discussion.

Dr. Cowperthwaite, one of the originators of the association, now dean of the Homœopathic Medical Department of Iowa University, being present, made a few encouraging remarks concerning the past and present as well as the future prospects of the association. On motion adjourned until 6:30 p. m.

EVENING SESSION.

Called to order by the president, Dr. Righter, of Lincoln. The following papers were read and discussed: *Thermo-therapeia*, by Dr. C. M. Dinsmoor; "A Clinical Case," by Dr. O. S. Wood; "Uterine Displacements," by Dr. Geo. H. Parsell.

The association then indulged in a general discussion on matters pertaining to the interests of Homœopathy in the state.

Dr. Righter desired especially to call the attention of the profession to unnecessarily large amount of medicine in public institutions. Report of the treasurer was read and adopted.

The association then proceeded to the election of officers, which resulted as follows: President—Dr. B. L. Paine, Lincoln. First Vice President—Dr. A. M. Smith. Second Vice President—Dr. F. B. Righter. Secretary—Dr. C. M. Dinsmoor. Treasurer—Dr. O. S. Wood. Censors—Drs. Wood, Parsell, Righter, Bumstead, Dinsmoor.

Drs. Wood, Dinsmoor, Paine were elected delegates to the Western Academy of Homœopathy.

Dr. Wood was elected a delegate to the American Institute of Homœopathy.

A vote of thanks was tendered the Academy of Science for the use of their room.

The association then adjourned to meet in Lincoln on the fourth Wednesday in May, 1882.

H. E. Marr, Sec'y.

HOMŒOPATHIC MEDICAL SOCIETY COUNTY OF NEW YORK.

May 11th, 1881.

A regular meeting of the society was held at the Ophthalmic Hospital, president J. Ralsey White, M. D., in the chair. There were thirty-six members present. The minutes of the last meeting, held April 13, 1881, were approved as recorded.

The board of censors reported favorably on the nomination made at the last meeting of J. E. Russell, M. D., for membership in the society, and he was duly elected by ballot.

Henry von Musits, M. D., read a paper on Rubeola (German measles—Rotheln). He detailed the symptoms characteristic of the various forms of rubeola as laid down by medical authorities, and made the following contribution to the history of the disease :

“ Mr. Bird, aged twenty-four, called for my professional attendance on March 22, 1881. When I saw him first, on that day, his complaints were as follows : General malaise ; severe headache ; watering of the eyes ; nasal catarrh, and hoarse cough. March 23d, the same. March 24th, catarrhal condition the same, and in addition slight sore throat, swelling of the parotic glands, and loss of appetite. A rash had appeared during the night, having a scarlet color. The whole face, especially the forehead, also the hairy part of the scalp and chin, around the mouth, neck and body, and all the extremities were closely covered with it. On passing the hand over the surface of the skin the papular elevation was rough and distinctly felt ; there was a slight tumefaction of the whole surface, especially of the face ; fever moderate ; pulse 90. During the following six days the exanthema grew gradually fainter, and on the eighth day after its first appearance the elevated dotted spots assumed the appearance of peeling off, but not like the desquamation of scarlet fever. The catarrhal symptoms were all better ; appetite returned, almost ravenous. I saw the patient, who was seemingly getting over all his troubles, on the tenth day again. On April 4th there was aggravation of all the catarrhal symptoms ; the eyes profusely watering ; swallowing difficult ; severe headache. April 5th, the condition the same. April 6th, a rash similar to the first appeared as a relapse—the same form, accompanied by a severe articular rheumatism, with great swelling and pain, restlessness and high fever ; pulse 120. As the first eruption was peeling off, the second under it in full blossom. the patient's face being also much tumefied, assumed a very peculiar look. This second rash went through just the same process as the first, growing fainter and peeling off ; the rheumatism became better ; but the patient's face and hands show even now pale dotted spots where the exanthema had its appearance. Diagnosis : Rubeola, German measles, rotheln. Treatment : Symptomatic.”

F. E. Doughty, M. D., asked Dr. Von Musits whether he had observed any enlargement of the glands over the mastoid processes, and said that he thought that in the present epidemic of the disease that symptom was not diagnostic of German measles.

Dr. Von Musits said that there was enlargement of the glands.

F. E. Doughty, M. D., read a very interesting and instructive paper on Typhlitis and Perityphlitis, which will be found in full in the July number of the *Medico-Chirurgico Quarterly*. In addition to the reading of his paper, Dr. Doughty said that without an operation with the knife, cases are very apt to terminate fatally ; and if the physician delays the operation until the symptom of fluctuation appears, he will be likely to lose his patient. The rule he had adopted was, after the first week of the disease if he found the tumor well marked and the temperature high—100 or a little over—for to make an incision and putting in a large hypodermic needle he explored for pus. If he found pus the needle was left in, the incision enlarged, and the finger introduced to search for a foreign body ; if pus was not found no harm was done. The needle could be introduced every two or three days with impunity to search for pus, and the danger of internal rupture is avoided.

Robert McMurray, M. D., said he had seen a few cases of the disease. His experience had led him to feel very jealous of the use of cathartics in it. If the obstruction is occasioned by impacted feces and the physician succeeds with the first cathartic in relieving the patient it is well, but if he fails the patient is ten times worse, and every time a cathartic is administered his chances are lessened. Dr. McMurray had noticed the effect of cathartics very particularly in the case of a friend of his whom he had treated for perityphlitis. Hot fomentations he had found exceedingly useful, nothing relieving the pain so much except Opium. The patient above-mentioned recovered by resolution. The remedies used were Opium, Mercury, Belladonna, and the hot applications. Opium he regarded as more than a palliative. It produces relaxation and determination to the surface and all those conditions favorable to the resolution of the inflammation as well as any other remedy that exists. Dr. McMurray had suffered from the disease himself, and had found great relief from Morphine, a few drops being put into half a tumbler of water and a teaspoonful taken at a time. He had found that there was a great tendency to recurrence of the disease, and that troublesome after effects persisted for a long time. He himself still experienced a sense of constriction in the abdomen and he could not stoop down to button his right shoe, or drop his right knee to a level as he could the other.

S. Lilienthal, M. D., said he had seen two cases of the disease, one of them in a relative. In neither case did he use Opium, but in both of them he used extract of Belladonna very freely, both externally and internally. He had no confidence in the tincture for such cases. He used also hot fomentations, and Mercury low internally. He had tried Belladonna high and failed entirely with it.

J. M. Schley, M. D., said he had had two cases of perityphlitis. One of these was in a lady of sixty-eight years and occurred about eighteen months or two years ago. She recovered after an illness of two or three weeks by the use of Belladonna, Bryonia, Mercurius, and hot applications. She refused to take Opium in any form. She was subject to chronic constipation. A tenderness at the seat of the disease remains; frequently on any little disturbance of the bowels she will complain of pain; it is difficult for her to get around and to go up and down stairs; and she is in constant dread of a recurrence of the disease. Dr. Schley thought such a recurrence would probably be fatal to her at her time of life.

Dr. Lilienthal asked Dr. Doughty if operating for the disease was so successful that there was no danger of a recurrence.

Dr. Doughty said it was not; but operating warded off the danger of internal perforation, and hence its great value. One of the worst cases he had ever seen was in a woman of thirty or thirty-five years, who had a tumor about as large as a cocoa-nut. He performed Buck's operation and drew off half a pint of pus and put in a drainage tube. Healing took place gradually by granulations. Six or eight months

afterwards, in consequence of sitting on damp ground, she had a recurrence of the disease; pus formed again; an incision was made in the same place as before and the pus drawn off. The healing took longer this time. Some months after she had a third attack, during which Dr. Doughty did not see her, but pus formed again and was drawn off as before and she again recovered. This was the only case he had ever seen where there was a relapse after operation. But relapses were very prone to occur. In one case which he knew of, occurring in a young man, there had been three relapses, and the patient is in constant dread of a recurrence of the disease. If he straightens himself a little more than usual or tries to lift anything, he is conscious of there being adhesions in the locality of the disease. On the other hand Dr. Doughty had seen one case, the patient being his own brother, where recovery took place in ten days or two weeks and was perfect. From that time, which was in the year 1876, to this, he had never had the slightest indication of similar trouble, although he had been through all kinds of rough life, ranching in Texas, hard riding, etc. In this case the attack was very sharp, the tumor well marked, and the patient was seen by quite a number of the best physicians, who all concurred in the diagnosis. The remedies Dr. Doughty had found most successful and used chiefly, were Mercury low, Belladonna, and Bryonia, with sufficient Opium to keep the patient quiet and free from extreme pain. He did not believe that Opium even in massive doses would do anything like the harm which writhing in pain would do, besides the risk of rupture. Opium also stopped the peristaltic action of the bowels, preventing accumulation and pressure. In his brother's case he had used Mercury to the point of touching the patient's gums. He had tried the higher preparations of Bryonia and Belladonna, but never with any success.

Dr. Von Musits said he had had charge of a case, the patient being a child between nine and ten years old. The sensitiveness of the abdominal wall was so great that hot fomentations could not be used. He administered Lachesis 200, and the child recovered and has had no attack since.

John A. Rockwell, M. D., said that a patient of his, a lady of thirty-five years, who had had an attack of typhlitis as she said at about the age of twenty, was in constant fear of a recurrence, and when indications of approaching constipation occurred, or when she feared constipation, she would come to Dr. Rockwell in great alarm. He noticed in the patient on two occasions a swelling and tumor which was tender to touch, accompanied with considerable fever and great pain. The case he thought seemed to confirm the alleged tendency to recurrence of the disease.

The president asked the physicians who had prescribed Mercury what form of the remedy they had used and what potency.

Dr. McMurray said he had used soluble Mercury in the first centesimal trituration.

Dr. Doughty said he had used *Mercurius dulcis*.

Dr. Lilienthal said he had always used Mercury low in this disease.

Dr. Doughty said he by no means advocated the use of Opium in every case, but only when the pain was very intense, which it is in one-third or one-fourth of the cases. If the pain is bearable, Opium in tangible doses should not be administered.

Dr. Lilienthal asked if Belladonna in tangible doses would not have the same paralyzing effect on the muscular fibre as Opium.

Dr. Doughty said it might, but it would not have the narcotic effect of Opium. There are a great number of reputed narcotics, but none of them seemed to be of much use except Opium and Chloral.

The president asked if any physician present had had cases which had terminated fatally.

Dr. McMurray said he had lost a case. He knew also of a case which had been operated for by an Allopathic physician where the abscess had been found, yet the case terminated fatally.

Dr. Lilienthal said he thought operations for this disease were often fatal, only because they were made too late.

M. A. B. Mount, M. D., presented for inspection a morbid growth of a fibro fatty nature which she had removed from the vagina of a patient who came under her charge after having suffered for several years from the disease. The tumor was found attached to the external orifice of the uterus. After considerable trouble, Dr. Mount succeeded in removing it by ligature without hæmorrhage or danger to the patient, who recovered rapidly. Adjourned.

F. H. BOYNTON, M. D., Secretary.

OHIO STATE MEDICAL SOCIETY.

At Speyer's Hall, May 10, the Homœopathic Medical Society of Ohio, commenced its seventeenth annual session, with the president H. M. Logee, of Oxford, Ohio, in the chair. The other officers of the society were also present, viz: Vice-presidents, M. H. Parmalee, M. D., Toledo, and G. W. Moore, M. D., of Springfield, O.; secretary, H. E. Beebe, M. D., of Sidney, O., and treasurer, J. C. Sanders, M. D., Cleveland. Censors, R. B. Johnston, M. D., Ravenna; W. Webster, M. D., Dayton; M. H. Parmalee, M. D., Toledo; Wm. Owens, M. D., Cincinnati; M. B. Lukens, M. D., Cleveland.

The following is the official list of members and accredited visitors present: Drs. H. M. Logee, Oxford; J. P. Geppert, Cincinnati; E. C. Morrill, Norwalk; T. G. Barhill, Findlay; Prof. T. P. Wilson, Ann Arbor; A. Claypool, Toledo; F. L. Fristoe, Greenville; F. O. Hart, West Unity; N. P. Williamson, Troy; Wm. Owens, Cincinnati; R. B. Johnson, Ravenna; C. M. Lukens, Cincinnati; S. S. Salisbury, Washington; D. H. Beckwith, Cleveland; J. B. Owens,

Lebanon; N. M. Hatfield, Toledo; W. W. Wolf, Dayton; J. K. Sutton, Genoa; S. F. Conklin, Delphos; G. N. Mengas, Jonesville, Mich.; Chas. A. Sheets, St. Marys, O.; W. A. Yingling, Perrysburg; R. B. House, Tecumseh, Mich.; Mrs. E. B. Crane, La Grange, Ind.; Wm. T. Rowsey, Toledo; Myron H. Parmelee, Toledo; Edward M. Goodwin, Toledo; A. C. Barlow, Toledo; J. C. Sanders, Cleveland; T. C. Duncan, Chicago, Ill.; B. F. Lukens, Troy; E. Gillard, Sandusky; N. E. Wright, Berea; C. C. White, Columbus; R. N. McConnell, Upper Sandusky; M. P. Hunt, Selma; Mrs. M. A. Nicholas, Perrysburg; J. H. Whitehead, Portage; Geo. W. Moore, Springfield; J. R. Flowers, Columbus; J. L. Trutton, Genoa; D. W. Byron, Upper Sandusky; W. H. Palmer, Prairie Depot; H. E. Beebe, Sidney. Wm. Watts, West Toledo; W. A. Frost, Sylvania; Thomas Young, Gahanna; E. V. Van Norman, Springfield; J. T. Fisher, Ada; D. H. Beckwith, Cleveland; H. S. Breckbill, Columbus Grove; G. A. Light, Columbus Grove; Miss Frances G. Janney, Columbus; S. G. Graves, Toledo; S. S. Lungren, Toledo; S. S. Parker, Toledo.

The meeting was called to order at 11 o'clock by Dr. Logee, and Rev. Dr. Williams was introduced and offered prayer.

Dr. Myron H. Parmelee, first vice-president, then delivered an eloquent address of welcome, extending a cordial greeting to the visitors from the Homœopathic Medical Society of Lucas county and the Homœopathic physicians of the city. He referred to the last session of the society in Toledo nine years ago, and promised in the intervals between the sessions to show the visitors the progress made by the city since then. He humorously remarked that "fever'n ager" no longer ran riot in our midst. With a wish that the seventeenth session might be as full of usefulness as its predecessors and a forerunner of still brighter days, he concluded with another expression of welcome.

President Logee's annual address expressed the thanks of the society for the hospitable reception given them, and mapped an excellent plan of conducting the debate and sessions generally.

The following committees were appointed by the president: Credentials—Drs. Goodwin and Johnson. Auditing committee—Drs. B. F. Lukens and Morrel.

Dr. R. B. House, of Tecumseh, Mich., and Prof. T. P. Wilson, of Ann Arbor, as fraternal delegates from the Michigan State Society were received. Also Dr. T. C. Duncan, of Chicago, president of the Illinois State Society.

The Board of Censors recommended the following physicians for membership: W. T. Williamson, M. D., of Troy; C. M. Lukens, M. D., of Cincinnati; E. L. Fristoe, M. D., of Greenville, and S. F. Conkling, M. D., Delphos. The report of the censors was approved.

Prof. Wilson, of Ann Arbor, Mich., in thanking the society for his reception, spoke very highly of the condition of the Michigan Society.

Dr. T. C. Duncan, president of the Illinois Medical Society, was

called upon and responded in an interesting address upon the society named, and upon Homœopathy in general.

Dr. B. B. Johnson delivered a few remarks with reference to the work of the Homœopathic Society of eastern Ohio.

CLINICAL MEDICINE.

The report of the bureau of clinical medicine was then called for and the chairman, Dr. W. T. Rowsey, of Toledo, read an interesting paper on hooping cough, which was taken exception to, as the remedies he eulogized were non-Homœopathic. (See page 526.)

Dr. T. C. Duncan, of Chicago, read a learned paper on Gastric Catarrh, which dealt largely with the diseases of the digestive organs of children. His advocacy of dietetic treatment was taken exception to by Prof. Wilson but in the main was approved by the society.

Dr. J. Bowens, of Lebanon, gave some interesting cases from his practice which were well received.

The papers of the bureau were referred to the publication committee.

AFTERNOON SESSION—BUREAU OF MATERIA MEDICA.

Prof. William Owens, of Pulte College, Cincinnati, chairman of this bureau, read a long and studious paper on "The Action of Drugs on the Cure of Diseases."

Dr. E. Gillard, of Sandusky, read an interesting description of "Lycopodium 3x trit. in Organic Diseases of the Colon, and Arsenicum alb. 6x in Gastralgia."

A paper entitled "Hints upon Materia Medica," by Dr. Wm. Hoyt, Hillsboro, was read by Prof. Owens, in the absence of the author.

The papers, on motion, were referred to the committee on publication.

GYNÆCOLOGY.

Dr. B. F. Lukens, of Troy, O., chairman of the bureau, read a good paper on "Uterine Displacements."

Dr. S. S. Lungren, of Toledo, came next with a very finished and talented paper on Battey's Operation."

"Physical Education as a Means of Preventing Uterine Diseases." A paper by Dr. Ellen M. Kirk, of Cincinnati, was read by title, and with the other papers referred to the publication committee.

EVENING SESSION.

The society met in Odon Hall in the evening, and sanitary science received the attention of the meeting.

"Thoughts Akin to Hygiene" was the first paper read by Dr. J. P. Geppert, of Cleveland. It was of considerable length and interest.

Dr. D. H. Beckwith, of Cleveland, followed with a splendid paper on "Sewer Gas" which started a lively discussion as to the relation of defective sewerage to disease.

Prof. Wilson ridiculed the idea of laying every disease at the door of sewer gas. He believed that defective ventilation and a bad state of peoples' constitutions were more to blame than the often cursed sewer gas. He showed that Toledo with a natural inclination to malaria and a not at all perfect system of sewerage was healthier than any of the other American cities or London, Eng., with her splendid sewerage, the mortality being less than sixteen in the former to twenty-one in the latter which was more likely twenty-eight, than the number quoted first.

Prof. Owens, Dr. Beckwith and Dr. Duncan followed and the discussion was a lively and most interesting one.

The papers were referred to the publication committee, and the society adjourned to meet at Speyer's Hall at 9:30.

(To be continued.)

Children's Department.

TYPHOID FEVER IN CHILDREN.

BY J. SIMON, M. D., PARIS.

(Translated from *Le Progres Medical*, Nos. 2, 3, 5, 7, 8, and 9, by T. M. Strong, M. D., Allegheny, Pa.)

Continued from page 407.

Grave Forms.—These may establish themselves slowly, progressively, like the light forms, but it is not commonly so. The little patients are tormented, even in the prodromal stage, with alarming symptoms, intense headache, stiffness of the neck, pains in the throat, and difficulty of swallowing, constipation, vomiting, night restlessness, with delirious actions and words. All these phenomena appear with suddenness and intensity, and if we examine the base of the throat we will find that the redness of the pharyngeal mucous membrane does not correspond to the dysphagia and pain. These are symptoms due then to violent congestion of the nervous centres.

At the end of three to five days the fever reaches 104° to 104.8° without the marked remissions of the light form; scarcely a difference of a few tenths of a degree can be noticed between the temperature of the morning and evening. The cephalalgia difficult to detect in young children gives place to stupor and prostration. It is in a state of somnolency during the day, and lies continually upon its back; its face is without expression, pale and indifferent. Indiffer-

ent to its surroundings it can only be aroused from its stupor by familiar questions given in a loud and distinct tone. It replies in an imperfect manner, with slowness and a mental activity, these intellectual efforts are painful to it—it complains and groans. The lips, tongue and muscular tendons are in a constant convulsive movement and sudden startings. At the close of the day, the face becomes flushed and the agitation, insomnia, delirium, nightmare, all the nervous troubles in fact, increase with extreme violence.

There is active thirst, but the infant refuses the liquid aliments, milk and broth. The aversion to these articles is very marked. The tongue is lengthened, covered with a pultaceous coating over its whole extent, red along the edges and at the tip. It is tremulous, hot, dry, glazy and rough. There are whitish patches upon the gums, which are easily detached, and dried patches upon the lips.

The abdomen which was normal or perhaps depressed during the initial period becomes swollen and distended in this stage. It is painful in its entire extent but especially in the right iliac fossa. At this time a few rose-colored lenticular spots appear upon the belly and base of the thorax, they are never confluent as we sometimes observe in those cases which are of a lighter form, or of medium intensity.

The stools which are rare in the beginning become finally very liquid and abundant. At the end of a few days they are passed involuntary. They are of a yellow ochre color, fetid odor and are composed of bile, epithelial debris, fat cells, calcareous salts, albumen, and mucus and glairy matters.

The urine presents all the characteristics of febrile states. It is scanty, strongly colored and contains urates, urea, extractive and coloring matters, a few chlorides, and sometimes a small quantity of albumen. Although auscultation reveals in the thoracic cavity only sibilant and sonorous rales, the respiration is not less loud, frequent, and anxious, on the appearance of disquieting symptoms due to the nervous system. It is, in fact, a functional trouble which is traceable to the same origin. The pulse is very frequent. It reaches very easily in infants 140 to 160 pulsations. They can with difficulty be counted on account of their rapidity and undulatory motion, especially in the evening, at the time of the usual aggravation.

The temperature rises rapidly to 105° and even 106°; with but little variation between the morning and evening ranges. In grave cases of which we are speaking, there exists, at times, great irregularities

in the thermal condition, as the disease approaches the twentieth day and normal defervescence is set up.

These symptoms do not present themselves on any regular plan. Sometimes the disease spends its force upon the thorax, at other times upon the abdomen, and again, upon the nervous centres. This peculiarity of typhoid fever wrongly designated under the form of thoracic, abdominal or cerebral (since only symptomatic varieties are in question, and not the general conditions for which are reserved the names of ataxic, adynamic, etc.,) gives to the disease a particular physiognomy.

If the morbid condition is more marked upon the thoracic organs, we have a catarrhal secretion, which is more profuse in the air-cells, and a blood stasis in the pulmonary parenchyma. It is a form of paralysis of the organs charged with the arterialization of the blood. We have then as a result in infants the phenomena of cyanosis; the face becomes of a violet color, the lips are blue, the respiratory movements are increased, and the little patient is tormented with an incessant cough, which is not relieved by expectoration. Auscultation detects the formation of numerous crepitant and sub-crepitant rales, especially in the lower part of the lungs.

When the intensity of the disease is manifested upon the abdomen (the abdominal form of authors), there is a dry tongue; the belly is very sensitive and bloated, the diarrhoea frequent and profuse, and the attacks of vomiting which occur from time to time, increase the dyspnoic anguish of the little sufferer, who sinks rapidly into a condition of great depression. I have seen the abdominal pain reach the intensity which we find in peritonitis. In other cases the disease manifests its intensity upon the nervous centres, and we see a series of functional troubles of a meningitic character appear. There is intense headache, accompanied with stiffness of the neck. The agitation is extreme, but in a few days it alternates with languor and stupor. The child complains in a high tone of voice, utters cries, and is in a constant delirium. The face has a shrivelled look, the eyes are sunken, often but half-closed and at times in convulsive movements. Sometimes their expression is normal, at other times it is fixed, or turned in an oblique direction with the pupils either in a state of contraction or dilatation. These intellectual disorders, the strabismus and the irregularity of the pupils seem to point to a true meningitis, and so much the more since the face is alternately pale

and flushed, constipation and vomiting appear in the same period, and the respiratory movements which are accelerated and irregular, do not agree with the signs furnished by auscultation and percussion. At the end of five to eight days these phenomena of excitement may be succeeded by a calm, and the patient present the usual symptoms of typhoid fever and pass through the usual phases to convalescence. In half of the cases, the phenomena of excitation give place to prostration, coma, and profound adynamia, which may terminate the life of the child in a few days.

In the case of a happy termination, we take this typhoid cerebral congestion, this form of poisoning of the nervous system for a meningitis, and we congratulate ourselves on the cure of a disease which is never cured when once developed.

In other cases the intensity may locate on *the cord* (the *spinal form* of authors). As in the preceding varieties this is not so much a form, as an exaggeration of the normal symptoms of typhoid fever upon the medullary axis. The child wishes to rest, is easily tired, it walks with difficulty and with languor—it is a form of an incomplete paralysis of the inferior members—these, together with the stiffness and the contraction of the muscles of the neck, belong one and all to the order of facts, which go to form a description of the beginning of most of the cases of typhoid fever. Once the disease is fully developed, the stiffness, pain in the muscles and cephalalgia frequently disappear. But, at times, the spinal symptoms assume an importance which places them in the first rank. Then we have, in one case, a cutaneous hyperæsthesia extending from the head to the feet, often accompanied with muscular hyperæsthesia; in another case, we have a spasmodic state of the respiratory muscles and the muscles of the neck and limbs. Or, again, we may have symptoms of paralysis; paralysis of the respiratory muscles, paraplegia, and paralysis of the sphincters. At other times the origin of the symptoms are referable to the congestion of the bulb, and we have spasm of the pharynx and larynx, a convulsive cough, extreme dyspnoea, respiratory anguish, without any hæmorrhagic lesion. Often the spinal symptoms are coincident with the cerebral ones. All are more frequent in children than in the adult.

By the side of these varieties of typhoid fever we ought to place what may be justly called the *forms* of this disease, that is to say its great modalities, which implicate both the gravity and the degree of the typhoid infection.

As in the adult so in the child we observe, in effect, the ataxic, adynamic, ataxo-adynamic, and slow nervous of Huxham, forms. In the *ataxic* form we not only observe a predominance of the symptoms which I have related as belonging to the cerebro-spinal variety, but we have in the first days (and this is an important point): First, a sudden appearance of the nervous symptoms which reach in twenty-four to thirty-six hours their maximum intensity; second, a rapid and excessive ascension of the temperature which reaches above 105.8°. The delirium, the agitation, the general and sensorial hyperæsthesia, the contractions, the jerkings, and the spasms are, in a short time, carried to their highest point, while the combustion is accelerated into proportions which are scarcely compatible with life.

In opposition to this grave form, we have more often, in the first days, the most complete prostration (*adynamic form*). Less grave than the former, it receives its character from its sudden appearance and the resistance which it offers to the most energetic medication. We are not speaking here of that debility arising from the length of the slow evolution of the disease, but of that state of depression of the forces which opens the scene, and which, in the child, assumes the most alarming proportions. The fever may also take the form of the *slow nervous* described by Huxham. The beginning is insidious, the child appears but slightly indisposed, the temperature which, after eight to ten days, mounts in the ordinary form to its highest point, remains below these characteristic figures, while the nervous phenomena, the depression of the forces, the digestive and respiratory troubles, and the fever, are all imperfectly developed, until, suddenly, the most alarming symptoms are developed upon the principal organs of the system. Once manifested under this new form, the fever lingers for a long time, much longer than in the normal course, and the patients become enfeebled and exhausted. The temperature and the pulse do not present any regular morning and evening oscillations, corresponding to the second and third week of the usual course of the fever.

I have seen children who presented for four to six days, but slight prodromal symptoms, giving no cause for anxiety. A typhoid fever could scarcely be thought of, when, suddenly, the most alarming symptoms arose. There were cries, delirium, hallucinations, disordered movements, and high fever, the whole lasting forty-eight hours, when the child sank into somnolency, exhaustion and coma, and the autopsy revealed the detailed lesions of typhoid fever and

not those of meningitis. These grave forms are more rare in private practice than in hospitals.

COURSE, DURATION, AND TERMINATION.

Typhoid fever develops in the child in the same manner as in the adult, but its detection is rendered much more difficult by the absence of distinct indications. Although there is always present a prodromal stage, it is not easy to detect the signs which characterize it. The cephalalgia, debility, night agitation and dreams, the intellectual and physical languor, and a certain degree of evening heat, which increases every day, are symptoms which are never wanting, but they do not all reach the same degree. They serve, however, as an important basis for diagnosis. The physician seldom receives any information from the attendants, as they have rarely observed anything out of the normal course. If we push our inquiries into the minutest detail, we will, unquestionably, find the preceding groups of prodromic phenomena, the duration of which does not exceed a week.

At the end of this interval, the fever assumes a definite character. It reaches 102° to 104° and even higher, notwithstanding remissions of .5 to .8 of degree which are the more marked according as the disease is less grave. These oscillations last two or three weeks, according to the severity of the case. Then, towards the twentieth day, defervescence appears, marked by a fall of from one to two degrees of temperature, together with the gradual decline of the fever and more settled morning remissions.

It is at this period that the child, who, until now, had been muttering, indifferent, absorbed, commences to bestow some attention upon surrounding objects. The older ones speak, recognize those around them, inquire of their condition; the younger ones smile and give evidence of their lucid condition and the recovery of their faculties, by acts and caprices which do not deceive. At the same time, the sleep becomes imperative, reparative, and regular. Although the strength returns, yet we see the child emaciating day by day. The tongue becomes cleaner, the stools are no longer fetid, but begin to have form, and the urine becomes clearer and more abundant. The thoracic phenomena, the rales and the cough still persist, but they also gradually diminish. In light cases, this period of decline may appear from the fifteenth to twentieth day. In severer cases it may be delayed from the twenty-fifth to the thirtieth day.

The complications naturally retard, according to their intensity and importance, the decline of the fever. The convalescence which succeeds to the light attacks, or to those of medium intensity, is always of a duration relatively longer than we would suppose from the rapid change in the mood and intelligence of the child. It is for a long time pale, emaciated, subject to gastro-intestinal troubles, with bloating of the abdomen, the stools are less consistent, less homogenous and at times of a colliquative nature, the whole accompanied with slight discoloration of the face, with slight heat of the palms of the hands, and a slight restlessness during sleep.

In grave cases convalescence is slowly established, and often with severe relapses. The child is anæmic to an unusual degree, pale, extremely weak, and emaciated almost to a skeleton. Often attacked with deafness more or less severe, he presents an intellectual torpidity which disappears but slowly. The pupils are large, the voice feeble and sometimes almost extinct. The appetite improves little by little until it becomes voracious. It is at this time necessary for the parents to redouble their vigilance and care, for digestion is always accompanied with difficulty and provokes a slight general reaction. During this period we see the skin recover its tone, moisture and profuse sweatings occur, almost all the hair falls out, while the epidermis is renewed over large spaces.

When the children leave the bed, or when, later, they attempt to walk, we see them totter and tremble. The muscles pain and they do not regain their properties and power until at the end of four to six weeks of carefully conducted exercise. The weakness may be so great at times, as to render standing and walking absolutely impossible. They are, under such circumstances, attacked with a form of paralysis to which Gubler was the first to call attention ; it disappears in the course of time.

This stage of convalescence lasts from five to six weeks, provided that none of the complications to which I shall allude, embarrass the progress. Such is the usual course of this fever in children. More rarely than in adults the disease terminates in death. This, when it occurs, may take place at any time during the course. All the grave, malign, ataxic forms, with delirium and excessive agitation in the earlier stages may terminate rapidly in death. We see in such cases as a constant phenomenon, the temperature reaching in the evening 104° , increasing every day until it reaches 105.8° or higher, without presenting any sensible remissions in the morning. The child dies

like those dying with meningitis. To the restlessness, subsultus tendinum and delirium, the most profound coma succeeds, and, finally, death.

In children where the nervous system is predominant, we may observe, in the first week, cerebro-spinal accidents of an extreme violence and sudden appearance, without the life being in danger. I have often seen very excitable children of six to eight years of age, present the above symptoms, and enter later into a normal course of the fever. There is one element that is never wanting when a fatal termination is threatening, and that is a progressive elevation of temperature to 105° and higher. In the cases to which I have just called your attention, the temperature after attaining on the evening of the second or third day 105° and over, falls slightly by next morning. In place of re-ascending, it falls to 104.5° and shows a morning difference of from .6 to .8 of a degree. These nervous phenomena do not properly belong to the typhoid intoxication but depend rather upon the susceptibility of the infants under observation. At other times death happens in the course of the typhoid fever, in consequence of the slow but constant wasting of the strength. The morbid poison which has gradually suppressed all the forces of animal life, attacks also that of the organic life. The fever persists and consumes the materials which are incompletely separated by an insufficient assimilation of the alimentary substances and by a poorly oxygenated blood, the functions necessary to life are suppressed, and we have death by progressive adynamia.

Children may also die after the second or third week, in consequence of complications affecting the principal organs of the body. Among these, generalized bronchitis, broncho-pneumonia, secondary double pneumonia, constitute a group of complications both frequent and dangerous. Much more rarely than in the adult, we might say very exceptionally, death is produced by abdominal accidents, such as perforation, intestinal hæmorrhage or peritonitis by perforation or extension. I have seen each of these lesions but once at the autopsy, so that they are very far from being common.

In our hospitals for children, we see diphtheria, eruptive fevers, whooping cough, endo-pericarditis, suppurative parotitis, erysipelas and large abscesses hasten the fatal termination. Besides the ataxo-adynamic and adynamic grave forms which do not show at the autopsy any inflammation of the meninges, true meningitis and sud-

den arrest of the heart's action may happen, although rarely it is true, as fatal complications.

RELAPSES AND RETURNS.

We should give attention to these two terms. We often see the general and local symptoms of typhoid fever amend towards the tenth day, so that a premature cure seems possible, when, in consequence of a cerebral excitation most commonly due to an error in diet, the fever assumes a new access, the abdomen becomes bloated and painful, and the diarrhœa returns; these conditions are due to an aggravation and not to a true relapse.

In other circumstances, we see the little patients, who have already attained complete convalescence, attacked a second time with weakness, nocturnal agitation, delirium, increase of fever, and rosy lenticular spots upon the abdomen. Here is a true relapse which is not as frequent as is generally believed. The error arises from the confusion of terms; and the cases of relapses of the inflammation and ulceration related, belong rather to aggravations during the attack in which the poison has not exhausted its action.

It is exceptional to see children attacked a second time by typhoid fever, after they have been cured for months or years. I know of one example, however, in my own family. A boy was attacked with typhoid fever at the age of nine years, and three years later he was obliged to leave school, in consequence of a second attack of the fever, the duration and convalescence of which lasted for two months.

COMPLICATIONS.

In studying the causes of a fatal termination in typhoid fever, we cited as first in order, in children, generalized bronchitis and broncho-pneumonia. They appear ordinarily about the twentieth or twenty-fourth day. Few children seized with these complications recover; they are especially dangerous in very young children and those who are very weak. I have seen, however, in children of ten to twelve years, cases apparently hopeless, restored to complete health, notwithstanding a legitimate unfavorable prognosis by a careful observer. Lobular pneumonia is more rare and presents a less severity.

In children enteritis is a complication much more important than in adults. More frequent and grave according as the subjects are younger, it gives a peculiar appearance to the little patients. The

eyes are hollowed, the abdomen becomes more tender, more painful and hotter; the abdominal subcutaneous veins are distended, and the diarrhœa assumes a fluid character and becomes more frequent.

It is rare that we have intestinal hæmorrhages. I saw one case, that of a young girl of eight years of age, in which the hæmorrhage occurred towards the end of the second week, and was the beginning of a marked amelioration; and a second case, that of a boy of ten years of age, in which the hæmorrhage occurred on the fifteenth day of the disease, but without proving fatal.

Epistaxis may occur frequently and profusely, and constitute a serious complication by debilitating the patients. I have observed it more frequently in girls than in boys, and it has not seemed to bring any amelioration in the intensity of the symptoms.

We find still more rarely intestinal perforations. I have seen one case in which the peritonitis was occasioned by propagation of the inflammation of the intestines to the peritoneal membrane.

Although gangrene is relatively frequent in eruptive fevers, it is rare in typhoid fever. Rilliet and Barthez in 107 cases, have seen only six cases of gangrene of the sacrum. Finally, we have noticed the rare onset of gangrene of the mouth and pharynx.

There exist also the epidemics, seasons and years in which certain complications appear by preference. Thus children attacked with typhoid fever, present sometimes a confluent aphthæ, which does not necessarily imply a fatal termination, but simply indicates a certain malignity of the disease. The buccal cavity and pharynx may be the seat of a rapid production of false membrane. This secondary diphtheria may be infectious and fatal, but, on the other hand, it may give place equally to local symptoms which do not extend beyond the cavity of the pharynx and but slightly affecting the economy. The first condition is, however, more common than the second. This serious complication appears not only in a special manner in hospitals for children, but also in villages, far, apparently, from all contagion. Sometimes the diphtheria kills by general infection, at other times by extension into the larynx. Otitis, parotis, furunculus, anthrax, phlegmonous abscess may occur in greater or less severity according to the case.

After typhoid fever, as after all grave diseases, we may notice œdema of the lower extremities, albuminuria, interstitial nephritis, contractions of the extremities and paraplegia which always end in recovery.

Rubeola, scarlatina and variola have also been seen as succeeding to typhoid fever, but never occurring at the same time. There exists between these latter diseases an absolute antagonism. Tubercles do not seem to develop under the action of the typhoid infection, but we cannot say that it might not accelerate the march of tuberculosis.

Children, as already mentioned, often suffer from deafness and loss of memory. I have seen a young child who had lost the faculty of speech, when it recovered from the stupor of three weeks duration. He comprehended, was able to put out his tongue, drink, swallow, to do everything in fact, but speak; he scarcely emitted inarticulate sounds. He finally recovered all his faculties at the end of four weeks. Other children may not be so fortunate but remain stupid, imbecile and incapable of attending to the mental tasks suitable to their ages, and with which they were familiar before the attack.

In fine the most frequent complications are those of the respiratory tract and nervous system. Aside from the persistent diarrhoea the disorders of the digestive tract are very rare. Then come in order of frequency the cutaneous effects, the organs of sense, and, finally, the greater general diseases, such as scrofula. I have seen coxalgia, and osseous alterations of the skeleton appear after the evolution of a grave typhoid fever which had prepared the way for an aggravated course of scrofula.

It is not necessary to consider as a complication the fever of the digestion and assimilation of the first substantial aliment. It ceases with the regimen and prudence, and disappears as the strength returns. I have never seen a case of sudden death in children suffering from typhoid fever. The event must be rare. Adults during convalescence may be attacked with a sudden arrest of the heart's action, exhausted like the nervous system, by the intensity and the duration of the typhoid poisoning.

DIAGNOSIS.

The symptoms of typhoid fever in children are more obscure and more difficult to detect than in the adult. Younger children, for instance, do not make any complaint of cerebral troubles (cephalgia, ringing sounds, vertigo); the abdominal symptoms do not appear until the end of the first week, and are not then very marked (diarrhoea, slight swelling and pain in the right iliac fossa). In regard to the spleen I agree with the opinions of Mm. Rilliet and Barthéz, that it is not a constant symptom in children, and I have not seen it

enlarged in a sufficient number of cases to make it diagnostic. The rosy lenticular spots do not appear until the end of the first week and the sibilant rales are often not formed until the end of the second week. Finally, it is not easy to discover, especially in those children whose parents are compelled to be absent from their homes during working hours, if a prodromal period has existed, or what phenomena have been prominent.

When the children are five years of age and upwards, the totality of the elements of diagnosis may be collected, and the physician finds the conditions better adapted for the determination of the diagnosis. We notice then the phases of a prodromal period which, as I have already said, are never wanting, even in the cases where the fever seems to have set in suddenly. A well-directed inquiry will discover that the child had manifested to a greater or less degree the prodromal symptoms already mentioned. Although many cases may present in succession the typical symptomatic picture of typhoid fever, yet there are a great many diseases whose presence may give rise to an error in diagnosis. The diseases which simulate typhoid fever, are, enteritis, pneumonia, generalized or pulmonary phthisis, tubercular meningitis and even tubercular peritonitis.

The error may be reversed, and typhoid fever may be mistaken for these diseases. Sometimes the beginning of typhoid fever may be mistaken for a simple gastric trouble, a simple inflammatory angina, or a quotidian intermittent fever.

In the *gastric distress*, and in *catarrhal angina*, with febrile and gastric symptoms, there are no prodromata; the cerebral symptoms, are wanting, as also the insomnia, the tongue is not so reddened at the edges, there is no eruption, nor sibilant rales. Finally, the increase of the fever does not assume the proportions of the typhoid fever, which at the eighth or ninth day has an evening temperature of 101° and upwards. It is necessary to remember, however, that in young children of delicate constitutions, who are easily debilitated, the diseases mentioned do not yield before the sixth or seventh day. At this date the gastric symptoms no longer present any remittent action or paroxysms in the evening. In *angina*, an inspection of the throat will indicate the source of the fever in the first days. Typhoid fever takes a gradual development until the eighth day when the febrile symptoms are characteristic.

Medical News.

Partnership.—Dr. Wm. Owens and Dr. R. F. Buchanan, formerly of Sidney, O., in the practice of medicine in Cincinnati.

Married.—C. Dawson Smith, M. D., of Oshkosh, Wis., Miss Anna B. Reigart. Wednesday, May 4th, 1881. Clinton Junction, Wis.

We have another evidence of the popular estimate of Homœopathy in my appointment as chairman of the Board of Health of this city.

SPRING VALLEY, Minn.

C. H. WAGNER.

Practice Wanted.—A leading physician writes: "I have several hundred dollars to pay for a *desirable* practice. Give particulars." Address, "M. D." INVESTIGATOR office.

Correction.—On page 420, May 1st INVESTIGATOR, thirteenth line from bottom, for *crup* read *creep*. In eighth line from bottom, for *pig* read *fig*. Page 421, fourth line from top, for *pythogener* read *pythogenes*. Seventh line, for *works* read *words*. Page 422, fourth line from top, for *philes* read *philo*.

Removals.—Chas. G. Sprague, M. D., has removed from Stafford Springs, Conn., to 1158 East Jersey Street, Elizabeth, N. J.

C. N. Shellenberger, M. D., has removed to 1834 Mount Vernon street, Philadelphia.

E. B. Rankin, M. D., from Winnetka, Ill., to San Antonio Texas.

Dr. W. D. Foster, has removed from Hannibal to Kansas City where he has made a business arrangement with Dr. W. H. Jenney. Dr. Jenney goes to Brighton Beach in June, and will rusticate east during the summer.

Arapahoe County Hospital, Colorado.—Summary and report for the month of April. Patients remaining from last month, 82; patients admitted during April, 41; patients discharged during April, 53; patients died during April, 2; Total number treated during April, 123. Average daily attendance, 748; remaining April, 31st, 68; percentage of deaths (Total number discharged) .0363. Percentage death for March under Allopathic control, .1111.

A. S. EVERETT, M. D., Visiting Physician.

W. D. BRETT, M. D., Resident Physician.

Medical Society Meetings.—Members and delegates take due notice and govern yourselves accordingly.

Western Academy of Homœopathy, June 8, 9 and 10, in Chicago.

American Institute of Homœopathy, June 14, 15, 16, 17, at Brighton Beach.

American Pædological Society, June 13, in New York.

Ophthalmological and Otological Society, June 14, at Brighton Beach.

World's Convention of Homœopathy, July 11 to 14, in London.

International Homœopathic Convention.—When the International Convention now about to be held, was first planned, it was a serious question how to provide for the expense of publishing its transactions. I wrote upon the subject to the lamented president of the first convention, Dr. Carroll Dunham, and the following is a portion of his reply: "As to the question you put concerning the means of meeting the cost of publishing the Transactions of 1881, I reply, without hesitation, that it would be eminently proper to ask a subscription that would be sure to fully recover the cost of the volume from every individual who desires a copy. As you justly remark, it was quite different with us. There could have been no expectation of more than a handful of delegates from abroad. The expenses must of necessity be borne by ourselves, and we could easily do it by reason of our number. To make it sure, we resolved the Institute into the Convention, for the purpose, not only of using its machinery, but of having also at command its yearly income, since the Convention Transactions would take the place of the Institute volume. You have, I believe, nothing which in these respects corresponds to the Institute. Moreover, I hope—as you do—that from America and the continent of Europe, there may come as many delegates as England herself can furnish, and the meeting may be a 'World's Convention,' not simply by virtue of papers and reports, but through the coming together of representative men. Do not determine *too soon the amount* to be asked for the volume, lest you get it below cost. The expenses of the meeting and incidentals will be all that Britain could reasonably be asked to furnish, and these may amount to a considerable sum." In accordance with these views, it was determined, as part of our scheme of working, "that the expenses of printing the Transactions be defrayed by a subscription from all who desire to possess a copy of the volume." A subscription list will be opened at the meeting, for those who are able to attend; but for the many who must perforce be absent, but who would like to support us and give themselves the advantage of possessing our Transactions, I ask of your courtesy the admission of this letter. I shall be glad to receive the names and addresses of subscribers as soon as possible, that the total number on whom we can count may be known. The exact cost of the volume cannot be reckoned till then, but it is not likely to exceed ten shillings of our money, and it will probably contain between 600 and 700 pages of matter. I am yours very faithfully,

RICHARD HUGHES, President elect.

36 Lillwood Road, Brighton, Eng., May 12, 1881.

[It will be safe to put it at \$3.00 to cover postage, etc. We will take pleasure in taking subscriptions and forwarding them.—ED.]

The Western Academy of Homœopathy.—TO THE PROFESSION: ON behalf of the Homœopathic Physicians of Chicago, we have been appointed a committee to extend to you a cordial invitation to be present at the meeting of the Western Academy of Homœopathy to be held in Chicago, June 8, 9 and 10. No effort will be spared to make it a time long to be remembered.

T. C. Duncan M. D., President Illinois State Society; J. S. Mitchell, M. D., President Chicago Academy of Medicine; R. Ludlam, M. D., President Clinical Society of Hahnemann Hospital; L. G. Bedell, M. D., President Chicago Women's Medical Society; G. E. Shipman, M. D., President Chicago Pædological Society, *Committee of Invitation.*

To render the occasion as pleasant as possible, the following committees have been appointed:

RECEPTION COMMITTEE.

Drs. D. S. Smith, A. E. Small, L. C. Grosvenor, J. S. Mitchell, W. H. Burt, Geo. H. Hall, Chas. Adams, Geo. E. Shipman, L. Pratt, J. B. Talcott, J. W. Streeter, R. N. Foster, W. H. Sanders, E. M. P. Ludlam.

FINANCE COMMITTEE.

T. C. Duncan, M. D., Chicago; T. S. Hoyne, M. D., N. B. Delamater, M. D., R. N. Tooker, M. D., E. S. Bailey, M. D., W. J. Hawkes, M. D., C. H. Vilas, M. D., Treasurer.

ENTERTAINMENT.

S. P. Hedges, M. D., E. M. Hale, M. D., A. W. Woodward, M. D., H. B. Fellows, M. D., E. H. Pratt, M. D.

BANQUET AND TOASTS.

N. F. Cooke, M. D., R. Ludlam, M. D., S. Leavitt, M. D., A. G. Beebe, M. D., C. F. Ely, M. D.

HOTEL ACCOMMODATIONS.

J. P. Mills, M. D., J. H. Woodbury, M. D., G. F. Shears, M. D., A. H. Davidson, M. D., C. E. Lanning, M. D.

RAILROADS.

L. Dodge, M. D., H. M. Hobart, M. D., W. S. Johnson, M. D., E. A. Ballard, M. D., J. H. Buffum, M. D., W. M. Wilkie, M. D.

RENDEZVOUS.

E. M. P. Ludlam, M. D., J. E. Gross, M. D., J. E. Gilman, M. D. F. H. Newman, M. D., T. D. Williams, M. D., J. Dal, M. D., J. H. Keeler, M. D.

PRESS REPORTS.

W. A. Barker, M. D., C. H. Evans, M. D., F. H. Foster, M. D., H. P. Skiles, M. D., I. Elliot, M. D., E. G. H. Meissler, M. D. D. Neve, M. D.

MUSIC AND DECORATIONS.

J. H. Smith, M. D., H. P. Cole, M. D., E. C. Manning, M. D., H. C. Jessen, M. D., J. N. Wilkins, M. D., L. G. Bedell, M. D., S. E. Wisner, M. D.

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

WASHINGTON, D. C., June 3.—Bryonia seems to be the epidemic remedy; headache on rising, bitter taste, loss of appetite, constipation, general languor and often aching all over. These symptoms have been common for two months.

C. B. G.

CHICAGO, June 7.—The recent damp weather has given us a return to early spring diseases, such as sore throats, rheumatism, catarrhs, etc., with a great run on Rhus tox. Gestation is prolonged, babies are large, labors tedious, and colic abounds, with or without inflammatory accompaniments. Here Bry. is the chief remedy.

T. C. D.

HISTORY OF A CASE OF CARDIAC DROPSY.

BY J. D. BURNS, M. D., GRUNDY CENTRE, IOWA.

On the 25th of August, 1879, while treating a member of the family of Capt. E. P. Baker, a lawyer by profession, I came in contact with the captain, whom I had known to be out of health for about a year.

He was seated in an arm chair, breathing laboriously, eyes staring, face anxious, and altogether presented a well-marked picture of bodily suffering.

He had but a day or two previously returned from a consultation with his physicians, Drs. McClure and Hay, of Dubuque, Iowa.

This was the first chance I had ever had of talking with the captain of his illness, so I asked him the nature of his trouble. "I don't know and I don't believe any one can tell," was his answer. This declaration excited my curiosity and I began to investigate. Taking hold of his hand I found it cold and clammy, his face presented a peculiar pale bronzed, cachectic appearance, eyes very prominent and staring.

I felt his pulse and immediately detected a wrong in the circulation, radical pulse very small and weak, soft and irregular, no two beats alike in volume or regularity; the irregularity however was the most prominent.

I asked the captain if his physicians had told him that he had "heart trouble?" He replied, "I have had some pain and oppression in the region of the heart and I asked them if there was anything wrong with the heart; they assured me there was no disease of that organ. They diagnosed my case one of nervous exhaustion, and have been treating me for eight months," and pointing to a row of pint bottles on the mantle, says, "I believe I have taken a half barrel of medicine in that time and have gradually grown worse all the time."

Before going further into the matter of "giving opinion"

I made an examination of the heart. I found it dilated, walls hypertrophied, apex beat prominent at the eighth intercostal space near the mammary line; a dull metallic sound over the ostium aortæ. I could detect no regurgitation through the mitral orifice with the naked ear.

From the symptoms elicited, I was satisfied there was a structural disease of the heart, and I told him so, which astonished him very much, producing a visible shock to him; but he soon recovered himself and gave way to an audible laugh, and calling his wife from another room repeated what I had said, when they both enjoyed a hearty laugh at my expense. "Perhaps you may think this a laughing matter," I interposed, "I can assure you I don't consider it so." But I could not convince the captain of the truth of my statement; for as he said, "I cannot believe this to be, I have consulted and been treated by two of the most eminent physicians of the state for eight months and they assured me only three days ago that there was *no* trouble with the heart."

Here was a dilemma, and you will notice the weight of evidence, so far as numbers, is on his side and I have no doubt he considered the authority fully as good, from the way he received my declaration, consequently it stood two to one and a + on his side in each case.

On three succeeding days I examined his heart with the stethoscope, carefully; at the end of which time I gave him my definite diagnosis. I say definite for two reasons: first, it means something and we get rid of the oft used, but meaningless term, "Heart Disease;" second, I thought by being explicit I would gain his confidence and induce him to think I was right.

I gave it thus: Heart dilated, walls hypertrophied, insufficiency of the mitral and tricuspid valves, with regurgitation through the tricuspid orifices, a metallic sound over the ostium aortæ. This to my mind comprised the abnormalities of his heart. The metallic sound over the aortic orifice afterwards led Prof. Hale of Chicago to say "there might be ossification," of which it was indicative.

But even this statement had no effect on the captain's incredulity and I was as far from convincing him as at the start. The trouble with the captain he wanted to harmonize our statements, but on the same principle that water and oil will not mix our statements would not harmonize.

In a few days I learned the captain was going to Chicago on business and I said to him, "You can now satisfy yourself which of the two diagnoses is correct," and gave him letters to Profs. Hale and Ludlam, and requested him to consult them. He saw Prof. Hale on three different occasions while in the city and received a prescription from him.

This is Prof. Hale's diagnosis under date of Sept. 11, 1879, in a communication to me. "I can detect no structural difficulty with Mr. Baker's heart unless it be ossification; there is a nervous trouble in connection the inhibitory nerves. There may be mitral trouble. He needs *Collinsonia* and *Digitalis*." The captain did not see Prof. Ludlam.

You will see, from the above statement, that I got but little, if any, consolation from this quarter, though it had the effect to mellow the captain's ideas and induce him to think that there might be something wrong with his heart, and wrest him from the hands of the eminent physicians of Dubuque.

The captain continued to take the medicine Dr. Hale had given him for about a week, then stopped it because he said it did him no good. (Think of the injustice, after declaring that he had taken a half barrel of medicine in a period of eight months, which had done him no good but had actually grown worse all the time, become dissatisfied because less than the contents of two two-drachm vials did not revolutionize his system in a week's time) and he quit it and applied to me for treatment for wakefulness, nervousness, etc. I prescribed *Zinci phos.* 3x four times daily, alternated with *Dig. fol.* 3x with the effect to quiet him so that he could rest comfortably, but with no appreciable effect upon the heart.

In a few days however he stated to me that he was satisfied we were all wrong in our diagnoses of his case, that it

was his liver that was the cause of all his trouble; that he had procured an electric belt which he was wearing and was going to Colfax Springs for treatment, whither he started on the 30th of September.

The first he noticed of any dropsy was at Eldora on the morning of Oct. 1, when they called Dr. J. E. King who tells me he had a bad spell of dyspnoea and palpitation.

Mr. B. remained at Colfax Springs under the treatment of Dr. Meiller (Allopath) until Nov. 4th, when they sent him home to die. He arrived at home on the 6th of November and sent for me to visit him. Dr. J. E. King, being in town, went with me to see him.

We found him bolstered up in an arm chair, breathing very laboriously, unable to stand alone or lie down, his legs œdematous to their utmost capacity, abdomen very much enlarged, hard and tender on pressure, his scrotum the size of a child's head, skin over œdematous parts pearly white; the heart beat very weak and irregular with very prominent apex beat under the ninth rib four inches to the left of the mesian line; regurgitation at the mitral orifice easily recognized as well as through the tricuspid orifice occasionally. He now presented the appearance of cardiac dropsy, *par excellence*.

He recited his experience while gone, which is substantially, that the dropsy had gradually invaded his system, beginning at the feet and ankles, and pursued a steady onward march in spite of all medication.

Just here let me recite a theory on which he was treated for a while by this Esculapius in charge.

When the legs had become œdematous to their utmost capacity, this M. D.? says to Mr. B., "We have got the thing just where we want it; now that the dropsy has entered the body. I will apply tight bandages to the legs and *drive* the fluid into the cavity of the abdomen, and then by the use of powerful, drastic, hydragogue cathartics, I will expel it from the body *and if you can stand it*, we will soon rid you of your trouble." But his dumping machine did not work and the project was abandoned, and huge blisters were

drawn on the calves of his legs, which were a great source of annoyance to him, though streams of fluid poured from them daily. His urine was scanty, high colored and albuminous.

We could give him no hope of help and happily he had come to that place in his mind that he expected none, he only wanted to be made as comfortable as he could be until death should close the scene. He was now satisfied that I was right in my diagnosis however.

I consented to take charge of the case and for a few days I administered to his comfort only; but that soon grew tiresome to me and I thought I would try and do him some good and I sat about for remedies. From the cachectic appearance, the dread or apprehension of death, the distended abdomen, tenderness on pressure over the gastric region, the distressing, burning pains in the stomach, œdematous eyelids as well as general œdema, *Ars. alb. 3x* was given him, while several remedies were considered, as *Apis*, *Digitalis*, *Apocynum*, *Phos.*, etc. The *Ars.* was continued for a week with the effect to very materially improve the appetite.

I then gave him *Dig. fol. 3x* for a week, then the *Ars.* was taken up again but with no visible effect save to improve the stomach and appetite.

In the meantime on the 16th of November the dyspnœa grew threatening and I aspirated the abdominal cavity drawing away a little over a gallon of clear, amber colored fluid, largely albuminous, so that on cooling it became a solid mass in the pail. I could not succeed in perfectly emptying the cavity as the needle became blockaded with omentum.

After continuing the *Ars.* for a week I gave *Apocynum can. 1x* for three days, then replaced it with *Fld. ext.* which I gave in twenty drop doses and gradually increased it to half a teaspoonful four to six times daily until it produced free catharsis, but on account of its intensely bitter taste he would not continue it. It had no effect to increase the urine but weakened him and changed the skin over the œdematous parts from a pearly white to a pinkish hue, which soon disappeared after discontinuing the remedy.

I took up the *Ars.* again and reinforced it with a series of hot water baths, beginning with a temperature of 100° F. and gradually raising it to 110° then to 125° F. and keeping it there for half an hour or longer as the patient could stand it. This treatment produced copious perspiration but gave him no material relief, so far as the dropsy was concerned, for on the 26th of November, only ten days after aspirating the abdominal cavity, it was again filled with fluid and the dyspnoea was even more threatening than before, and we were again forced to mechanical means for relief. I now performed paracentesis abdominis, drawing away one and a half gallons of fluid the same in color as before but less albuminous.

The same day I began giving him an infusion of *Dig. fol.* one drachm to ten ounces of water, a tablespoonful every three hours; after twenty-four hours increase the dose to two tablespoonfuls, and so increase one spoonful each succeeding twenty-four hours and watch the effect. We increased the dose until six tablespoonfuls were given every three hours; it produced terrible aching pains in the small of the back and loins, changed the color of the skin on the legs to a pinkish hue as the *Apoc.* had done before, but did not increase the amount of urine or regulate the heart beat. After giving the *Digitalis* in doses of six tablespoonfuls every three hours for three days the heart trouble was increased, aggravated? There was great disturbance of vision, hallucinations, inability to move hand or foot, a cold sweat broke out all over him and we expected death had come to claim her own. I now stopped the *Digitalis* and gave *Ars. alb.* 3x every hour. In twenty-four hours he had rallied, could eat, and the heart was more regular than since he came home, though very weak and rapid. I then alternated the two remedies, giving three tablespoonfuls of the infusion at a dose and one grain of the *Ars. alb.* 3x every two hours.

In twenty-four hours the urine had increased four fold, in forty-eight hours it was tenfold; on the 5th of December instead of passing a half pint in twenty-four hours he passed twelve pints and the heart beats could be counted, 126 per

minute. On the 12th of December he passed two gallons of water, which was the most he passed any one day. During this time he was supported by a generous diet. The heart beats had decreased in frequency, become stronger and more regular.

On the 27th of December the heart beat was 100, the dropsy fast declining. On January 1, it was so nearly gone that only a trace remained in the feet and ankles; the very plump physique of four weeks ago was now a skeleton in appearance, the skin hanging loosely over the bones, and he was very weak and nervous from want of sleep and rest. The urinary passages had become irritated from excessive use, as he had to pass water every half hour to every hour for nearly four weeks. Apis did good service here as an intercurrent remedy. He continued to take the Dig. and Ars. two to four hours daily until on the 12th of January the pulse stood 68 per minute and quite regular and full in its beat.

On the 22nd of January the dropsy had entirely disappeared, the tone of the nervous system materially improved; had gained in strength, was able to walk about the room, which he did every day, could sleep comfortably at night and we really had hopes of his "getting around" if not his recovery, as his heart was behaving well. He was now taking Dig. fol. 3x and Ars. alb. 3x alternately every four hours. I saw him at intervals of a few days and could mark a gradual improvement in his general condition; his heart acted well, save after too severe exercise, as walking too far or too fast, it would become irregular in its beat, when regurgitation could be distinctly marked. He rode out several times during the latter part of the winter and walked to the post office many times, a distance of six blocks.

On the 25th of February he had grown much stronger and hopeful as he confidently expected to entirely regain his health; and he again began to doubt whether we were entirely right in our diagnosis; for as he expressed it, "I can hardly believe that medicine can have the power to completely overhaul and whip into line so vital a machine as the

heart, if it were a structural disease of that organ that caused it to depart from its natural line of duty or function." And truly we may recognize this as a marvelous power, but to no other power can I ascribe it than to the medicines here used, viz., Dig. and Ars.

At this time he had gained flesh and strength and the bronzed face was changed to a truly healthy appearance.

On the 5th of March he went to Independence, Iowa, to look up some business and visit some friends. I cautioned him to be very careful of himself and continue the medicine every day. In a few weeks his family removed to Independence, and I saw or heard no more from him until on the 25th of April following I received a telegram from Mrs. B. stating that Mr. B. died that morning after being confined to his bed two days, that there would be a post mortem held on the following morning and requested my presence. I could not attend but requested a written history of the post mortem which was given me by Dr. Brainard, Assistant Surgeon to the Hospital for the Insane at Independence, Iowa, a copy of which is here appended.

"Autopsy of Capt. E. P. Baker, held April 26th, 1880, thirty-two hours after death.

The body was every where very œdematous with hypostatic congestion of dependent portions. Much sanguinolent serum followed the incision through the scalp. Skull of ordinary thickness. Dura mater thickened and adherent about the pachionian bodies at vertex. Pachionian bodies very large and five or six in number. Extensive lymph deposits and adhesions between the dura mater and pia mater over ascending frontal and parietal convolutions; between central and quadrilateral lobules of opposite hemispheres, also over second frontal convolutions of left hemisphere.

Numerous flocculent lymph deposits were scattered throughout the pia mater. Unusual amount of serum under pia mater and in ventricles. Sinuses filled with dark blood, making it a very wet brain. Pia mater easily removed from the convolutions, owing to its long maceration in serum.

No gross lesions could be discovered and no microscopic examinations were made.

Thorax.—Lungs normal. Heart hypertrophied and dilated to twice its natural size. Aortic and Pulmonary valves all right, but there was insufficiency of mitral and tricuspid valves. Both atheromatous and when closed as tightly as possible the mitral would admit the tip of index finger, and the tricuspid insufficiency was still more great. Coronary arteries were much distended.

Abdomen.—Fair amount of adipose tissue both external and internal. About two pints (estimated) of ascitic fluid, of light amber color, was found in the abdomen. All viscera seemed normal except the liver which was slightly enlarged and the spleen which was very dark colored and friable.

H. BRAINARD, M. D.,

Asst. Surg. to the Hospital for the Insane at Independence, Iowa.

A note from H. H. Hunt, M. D., will be interesting perhaps.

I was called to see Capt. E. P. Baker at his residence in Independence, Iowa, April 22, 1880. I found him in a dying condition. I gave him no treatment except something to make him more comfortable; he died early on the morning of the 25th of April, 1880. I requested an examination of the body which was granted. I invited Dr. H. Brainard, Asst. Surgeon to the Hospital for the insane, Dr. H. C. Markham, Pension Examiner, and myself conducted the examination. Drs. Bryant and Wane were present. The autopsy was written out by Dr. H. Brainard.

H. H. HUNT, M. D.

State Asst. Surgeon of the 21st Reg. Ia. Vol.

There are at least four lessons taught in the foregoing case. First, physicians of acknowledged ability, sometimes at least, fail to recognize even serious heart lesions and consequently there is occasion to remind the profession of their responsibility and again warn them to be careful, to be particular. Had this case been rightly diagnosticated in

its early history and properly treated, there is little doubt but that it might have been greatly delayed in its career, if not cured, thereby prolonging a useful life and avoiding a great amount of suffering. Second, That two Homœopathic remedies are not only admissable, but actually necessary in some cases.

I would not speak of this were I not cognizant of the fact that there is a class of Homœopathists who claim that to give more than one remedy at a time is not in accordance with the law of *similia similibus curanter*, and are ready and willing to cry out against anyone who uses or alternates remedies. Now in this case both of the remedies *Ars.* and *Dig.* were well and prominently indicated, and neither of them, *alone*, after a reasonably fair trial produced the slightest beneficial effect upon the heart or dropsy; but their combined effect rapidly produced the desired result as far as it is possible for medicines to do. Third, That the law of *similia similibus curanter* has nothing, in itself, to do with the size of dose.

In approaching this question of "dose," I am aware that I am occupying hotly contested ground. I do not expect to convert anyone to my views, but I cannot refrain from drawing attention to this case as illustrative of my views on the point in question.

You will remember that *Dig.* was one of the remedies prescribed by Dr. Hale; it was not lower than the 3x trit.; then by myself in the 3x trit. and Dr. Miller wrote an open letter on Mr. B.'s departure from Colfax Springs, giving a history of the case and the treatment and remedies used, and out of the varied, manifold and generous use of twenty-six different remedies, singly and combined, *Digitalis* was the most prominent medicine used aside from *Morphia* or an opiate of some kind, and as he stated, with no appreciable effect. On his return I again gave it and increased it to an enormous dose, so that I think I may say it had been thoroughly tried in all doses from infinitesimal to massive, before it wielded its power and produced any results, and then not any beneficial so far as I could see, until it had the help of

its ally, in this case, Arsenicum. Will anyone advocate that it would have had as beneficial effects or produced the same result in the 1000th, 200th or even 30th potency? I can't believe it in this case.

Now I do not argue that the small or infinitesimal dose in many, perhaps the majority of cases, is wrong; but on the contrary I concede to be right. But, if any one thing to me is plain, it is, that the same diseases in different persons, or different diseases (or symptoms) in the same person may, and as a rule do require different potencies to produce curative effects. We are in the dark as yet as to what potency of a given medicine will produce the *most* beneficial effect upon the case in charge; and it must be a matter of experiment to decide what is the right or the *best* potency in each separate case. In other words the same potency is not alike adapted to all cases. Therefore I am called upon to use my judgement when called upon to treat a case. I am in duty bound to educate my judgement in order that I may judge as nearly right as possible. This I claim cannot be done by saying as one class of physicians do, "I will use nothing higher than the 3x," or as the other class, "I will use nothing lower than the 200th potency." This presents the two extremes, and each has its votaries. It is my belief the widest range should be allowed and *practiced* in order to reach the greatest proficiency in prescribing.

This leads me to formalize in this way. When, after careful study of a case and trial of a remedy in the medium potencies without effect and you are satisfied to the best of your judgement, whatever that may be, that said remedy, is the, or one of the remedies requisite in the case, justice, both to our patient and our cause, *demand*s that we give the remedy in larger and increasing doses until the desired goal is reached, or the Homœopathicity of the remedy is disproven. Or vice versa he should go up—up—up—according to the case, and just here is where this educated judgement will show itself, *i. e.* educated judgement and the case in hand will decide which end of the string to pull upon. Fear not, the law of similars is one of the eternal fixtures and

will not desert you. The physician who don't succeed must not find fault with the law, but look nearer home for his excuse. But to be a perfect interpreter of the law is a grand, a noble attainment, and there is a field that can give employment to the finest brain for centuries to come in working out its, at present, fathomless truths and mastering its boundaries. Fourth, The clinical indications for the remedies in this case.

The cachectic appearance, the fear or dread of death, the distended abdomen, tenderness on pressure over the gastric region, distressing *burning* pains in the stomach, œdematous eyelids as well as general œdema were the symptoms that determined me to give Arsenicum.

What were the indications for Dig.? Some of the symptoms above spoken of are equally applicable to Dig. but when we come to the heart Dig. is well indicated through its secondary action, and this by the way is the chief reason why large doses were necessary in order to obtain its beneficial effect. These symptoms were great weakness, frequency and irregular systole, and are in short the prominent indications for the remedy in like cases.

Neimeyer says the very striking indication is the greatly diminished arterial blood pressure, and the consequent exalted venous blood pressure, producing a degree of cyanosis from venous stasis. This is only another way of saying that in this condition we have a very weak cardiac systole, for if we have a strong and powerful systole we will have no *diminished* arterial blood pressure, and a piethoric venous system, but exactly the opposite, he only begins at the other end of the string to arrive at the same cause.

This condition of greatly diminished arterial blood pressure may be said to be the condition in all cases of cardiac dropsy; for, if it were not so, dropsy would be out of the question. Again, in this case, notwithstanding the arterial blood pressure was very low, the cyanotic condition alluded to was not present until after administering the remedy in appreciable doses for several days. The skin over the œdematous parts then became a bluish-pink or semi-cyanotic.

This then would appear to be one of the effects of the medicine, and of course under proper circumstances would be an indication for the remedy.

The beneficial and physiological action of the remedy may be stated to be the restoring of the balance of blood pressure to the arterial side of the circulation by producing a more perfect and powerful systole of the left ventricle.

SOME OBSERVATIONS ON DIPHTHERIA.

BY LUDWIG GRASMUCK, M. D., MENASHA, WIS.

A paper read before the Homœopathic State Society at Fond du Lac, June 1st 1881.

During a three years' residence in Wisconsin it has been my fortune to witness a large number of cases of this strange and fatal disease. In New London and vicinity, in a population of—say six thousand—there have been about eight hundred cases, and two hundred deaths during the years 1879 and 1880.

It is not believed that any local cause exists for this great mortality; the face of the country is like most of south-eastern Wisconsin—undulating, with a sub-soil of sand or gravel, affording good natural drainage, excellent drinking water and fine running brooks.

The population is mixed, fully one-half being of foreign birth.

The disease existed alike in hot and cold weather, damp and dry, a wet spring and a dry autumn being alike prolific of cases. It begun among well-to-do people, American born, and in its course scourged all alike, the rich and comfortably situated fared as ill as the children of the day laborer; nor were any favors shown to these who lived on high and well-drained sandy ridges, whole families of bright and happy children were swept away in a single week from homes of model construction, healthy location and the best sanitary surroundings.

Many wealthy farmers with the best located houses, good springs of water, and all modern conveniences nevertheless lost their children.

Physicians were in despair, no medicine availed, and the fire died only when the fuel was exhausted.

In our dilemma we received a visit from the state board of health who have named diphtheria a "filth disease" true to their theory they found dirt, but when advised that the town was not exceptionally filthy and that the worst part of the town was entirely free from the disease, they shook their heads and went away, leaving us no wiser for the visit. A friend of mine, a witty Irishman, on hearing their verdict, remarked: "It is dirt then, is it? then I wonder that all the children in Ireland don't die wid dyptery for there the children slape with the pigs," and I fully agree with my Irish friend. He was wiser than the board of health.

Professor Chanzy, a celebrated French physician, once said to his class: "At twenty I was a dogmatist, at thirty I was an observer, at forty an empyric and at fifty I have no system." I am quite certain that I have spent one decade as this illustrious man did, in dogmatising or searching for facts to sustain theories. It is evidently the better plan to gather all the facts possible then by induction to get at the true theory.

About one hundred and fifty cases were under my professional care, and as many more were observed by me under the care of others. I kept a clinical record of my own cases, and consider the field of observation sufficiently broad to justify an attempt at generalization.

Diphtheria has some very marked peculiarities which may aid us in elucidating its causes and character.

Among other things I found that a large majority of cases, 70 per cent. or nearly two-thirds were females.

Then again it is confined almost exclusively to certain ages, two to twelve years. It is a disease peculiar to childhood. I know of but one adult to die and only one nursing babe.

Another peculiarity of the scourge which has interested

me no little, is its fondness for children of a certain condition which we may be allowed to designate a "lymphatic condition," fat, sleek, soft, tender, well fed, or rapidly growing children, just the ones we all admire—no such child can offer any resistance to the disease. On the contrary I do not know of a single instance where the disease proved fatal to a child of the genus "Street Arab," children who spend most of their time out of doors, are thinly clad, sleep in cold rooms, and have seldom enough to eat, who have no anxious, loving mother to pet and cuddle them unwisely, to over-feed and pamper them; these children of nature have a great advantage over these in whom arts play so large a part in being thus plainly and with evident partiality singled out by nature for health and long life, and thus amply compensated.

This is a peculiarity of diphtheria in common with croup, there being no facts to prove that this class of children are not fully as liable to measles and small pox as their more favored neighbors.

My observation has also settled me in the conviction that the disease is in some manner communicable.

In nearly all cases where it was tested the urine was found to be albuminous, the membrane was also distinctly albuminous.

The study of disease has three aspects, physiological, pathological, and therapeutical. Looking at diphtheria as a physiologist I would explain its peculiarities in this manner—girls are more liable because more in-doors, children are taken during their most rapid growing years because their blood is at that time enormously loaded with the albuminous compounds out of which so large a part of the body must be formed.

The paradoxical fact of the exemption of infants is explained by the light of physiology also, although rapid growers in the superlative degree, they subsist on animal food alone, a natural, not an artificial food, their entire condition being more according to nature's laws than in subsequent years.

If we concede these premises we are in no dilemma to explain by the light of this noble science the fact of the entire immunity of our boot-blacks, news-boys, and children of the street; their scanty food, light clothing, cold rooms, active exercise, and out door employment consumes the albumen so rapidly that there is no "stock on hand;" there can be no pathological combustion because there is no fuel to supply it.

The pathology of the disease is already well understood and I have no new facts to furnish. Taking the term in its broadest sense I consider the disease an albuminuria, too much albumen. This "Protean compound" from being the most useful organic constituent of the blood is by some external agent of a zymotic nature or what is in my opinion more probable—catalytic influence—transformed into a foreign substance, a septic poisonous matter, to be excreted through the kidneys, secreted on the mucous membrane or as Helmuth has shown us, even filling the whole cavity of the right auricle and ventricle of the heart.

Physiology teaches us that these organic compounds of which albumen is one are extremely susceptible to catalytic transformation.

My therapeutics of this disease is extremely simple. As a prophylactic and in mild cases acetic acid diluted in water is used as a beverage *ad lib.*, in severe cases Carbolic acid is used in the second or third dilution. The therapeutics of this, as well as of many other diseases, is a disgrace to the profession. I was once an enthusiastic as well as a dogmatist in therapeutics, now I look upon my experience of that period very much as I do those of the enthusiastic Spaniard, Ponce De Leon, who centuries ago crossed the wide ocean and searched Florida for the fountain of perpetual youth; neither of us found the desired specific; we were both disappointed, and probably for a like reason. After wrestling with key notes and some dozen other varieties of attenuated moonshine I have come to the conclusion that there is no specific for the disease.

My experience with the above named remedies has been

such as to permit me to commend them to your thoughtful consideration. We certainly do kill less of the patients than the Old School do and they are evidently safest in our hands.

There still remain some observations of a general nature; diphtheria is as distinctly a northern disease as yellow fever is a southern one.

Drawing a line through the country from east to west on the north may be found all the diphtheria, and south all the yellow fever.

Ireland lying in a northern latitude, its climate is that of Tennessee and has no such disease.

Russia in the same latitude has a more severe climate and has plenty of diphtheria. Again, cholera infantum is a disease which is worse in large cities and towns. Diphtheria on the contrary is most fatal in the country. During the years 1879 and 1880 Chicago lost fifteen hundred children by diphtheria or one to every seven hundred and fifty inhabitants, and they have been alarmed about their evil sanitary condition, and charged it all to "sewer gas."

During the same two years in our country homes our losses amounted to one in every thirty of the population. Showing that a change of air from the healthy sand hills of Waupaca county to the Chicago flats would be a prescription quite in order. The sewer gas is evidently an antidote, at any rate the disease is twenty-five times as fatal out here in the country.

Sanitary inspection among dairy cows near large cities demonstrated that a change from their natural food, grass, hay, and raw vegetables, to hot slops, causes them to have diseased mouths and decayed teeth. It was thus that dentists were taught the undeniable truth that the same causes are followed by like results in human mouths.

Our western farmers have of late years so improved their swine by high feeding and warm shelter that they can make a "pig" weigh three hundred pounds. In so doing they are violating natural law and common sense, and Nature in her disgust is sweeping away whole herds of swine by a disease

the farmers call "quinsy" but which I have no doubt is identical with, if not the real diphtheria.

Hogs cannot endure too much civilization, too much "culture."

If then over-feeding and too much shelter are injurious to the lower animals, may we not with reason conclude that the same influences will affect the higher class in the same way?

Is it reasonable to suppose that a human being can resist the evils of over-eating if a hog cannot?

There are gentlemen among you who are too wise to bet on a fat horse, you would not expect an epicure to win in a prize fight, and we are beginning to recognize the fact that a fat baby has but little prospect of seeing its tenth year.

Facts innumerable all about us show that our civilization is unworthy the name; a people who lose four-fifths of their children generally including those of large mental and moral endowments, and manage to save only the vicious scrubs should not boast.

The greedy dairy man by aid of hot food and warm stables increases the flow of milk but ruins the cow and injures the milk. The farmer in his vain effort to produce a yearling swine in six months runs counter to the slower methods of the law of evolution and ignorantly kills the bird that lays the golden egg.

So we in our effort to save fuel construct our habitations so that in many instances they are fatal to child life.

By too much clothing and want of exposure we render them tender, they are incapable of resisting the countless disease producing influences by which like evil genii they are surrounded and which beset them at every turn, are inhaled in every breath, lurk in the cooling draught which slakes the thirst, and infests all his food.

The chemical forces of nature will destroy us unless we maintain the constant superiority of the physiological; the forces of death must not be allowed to vanquish the forces of life at so early a period.

The "black death" that ravaged Asia and Europe in the

fourteenth century was fatal to Christians—but the Moham-medans whose creed inculcates bodily cleanliness and forbids pork and strong drink were spared.

Two years ago yellow fever swept the South as with a besom of destruction, but Catholic seminarists, sisters of charity, vegetarians and tramps enjoyed a remarkable immunity owing to their habits of abstinence.

Worried physicians, spectral old spinsters, and smoked dried presbysters generally survived; while corpulent brewers, lusty landlords, and chubby butcher boys went down like grass before the scythe. Jews and Italians were the only business men that refused to close their shops or their earthly accounts. Can we as physicians fail to perceive the logic of these facts? Do they not distinctly point out that while disease is of double origin, external and internal, it is completely in our power to set our house in order so that our internal physiological condition may be able to resist all outer destructive tendencies? Sanitary observation and experience teaches that zymotic diseases have subjective rather than objective causes; they are produced not by the unhealthy condition of the country but of its inhabitants.

Most northern mothers are possessed of a monomania on the subject of taking cold, children are kept in a warm room, sleep in feather beds, in small unventilated rooms, and when allowed to venture out in fine weather have a woolen comforter wrapped about the neck, (the neck being the only part of the body which never needs covering) and all this to prevent their taking cold; when in fact their ingenuity could devise no surer way to defeat their object.

It is a physiological fact that the young are warmer blooded than the old and parents should not forget it. A child will play out of doors while its mother sits shivering by the stove. By thus restraining children in their desire to play in the open air which a healthy child may do in almost all weather with impunity; and by over-feeding a condition of the blood is produced which invites disease very much as a barn full of new-mown hay in summer invites the lightning's stroke.

There is no need of our children being simply perambulating magazines of combustible material. There are minor causes of this disease as I have attempted to show, but they are all included in the comprehensive statement—non-adaptation to our surroundings, “environments,” as Herbert Spencer has it.

If the children of the north will dress lighter (very small ones wearing scarcely any clothes in summer,) abolish hot rooms and feather beds, bathe in cold water once a day and live out of doors, diphtheria will be unknown, croup will no longer terrify anxious mothers, in three or four generations consumption will be banished and we may hope to equal the ancient Peruvians of South America, who had no disease but old age and no physicians.

Psychological Department.

PROGRESS IN NERVOUS DISEASES.

BY J. MARTINE KERSHAW, ST. LOUIS.

Gout as a Tropho-Neurosis.—The *British Medical Journal* reports a paper by Dr. Dyce Duckworth, who takes the position that gout is a disease of the nervous system. He compares this difficulty with nervous diseases. “The suddenness of the attack resembles epilepsy, angina pectoris, neuralgic paroxysms, and other affections of a neurotic origin. The pyrexia and pains are paroxysmal as in other nervous disorders. * * Thus hemicrania is sometimes a distinct manifestation of gout, or may alternate with arthritic attacks in the same individual. Among the nervous symptoms observed in gout may be mentioned certain perverted sensations, as tinglings, numbness, paræsthesia, grinding of the teeth, severe muscular cramps, * * and a well-marked variety of insomnia; also gouty neuralgia, more commonly occipital, but found also in the heel, breast, tongue, and sciatic nerve.” He also states that general

physical exhaustion of mind or body, excitement, worry, sudden shock or injury, common courses of neurotic diseases, are likewise efficient exciters of the varieties of gout. There is also some relation between gout and glycosuria.—*Medical Record*.

Symetric Neuralgia in Diabetes.—In the *Gazette Med. de Paris* it is noted that diabetes is frequently associated with neuralgia of an especially painful and obstinate character. The neuralgia is symmetrical, the dental and sciatic nerves being the ones commonly affected. The suffering of the patient seems dependent upon the amount of sugar in the urine.—*American Observer*.

Acute Alcoholism simulating Hydrophobia.—Dr. Hazard records a case in which there were spasms of the muscles of the larynx and pharynx, with little sleep, the spasms of said muscles awakening him. Great abhorrence of water, with utter inability to swallow liquids of any kind. The sound of water and even the speaking of it excited muscular spasms in the parts mentioned. An attempt at working his feet brought on the same trouble. There was a constant accumulation of viscid saliva, which kept him spitting nearly all the time. General clonic convulsions set in, he became maniacal, and died. He was supposed to have hydrophobia, but investigation revealed the fact that he was laboring under the effects of alcohol.—*St. Louis Clinical Record*.

Baldness from Fright.—The *Boston Medical and Surgical Journal* contains an account of a young girl of seventeen years who became completely hairless in consequence of fright. She was sitting by a window sewing, when the floor suddenly gave way; she had barely time to catch the window-sill, to which she hung until a ladder could be placed under her feet and by which she descended to the ground. The following day her head itched a great deal, and in three days not one hair could be found on the scalp. Five days later not a single hair could be found upon the body. Her general health was good. Two years after this nervous shock the universal alopecia continued although persistent treatment had been maintained.—*St. Louis Clinical Record*.

Insanity and Uterine Disease.—Dr. Pitkin has lately made the statement that insanity in females is commonly associated with disease of the uterus. His statements are so broad that they have been denied by some, among them Dr. Pultzel. It may not be true that insanity in females depends as much on disease of the uterus as is maintained by Dr. Pitkin, yet uterine disease and general nervous diseases are intimately related. Hysterical manifestations of a marked character, delusions, illusions and hallucinations are commonly observed in connection with pronounced uterine difficulty. Disease of the uterus may not cause insanity, but it frequently becomes the exciting cause in those predisposed to mental disease, and it commonly aggravates an already mental trouble. The subject deserves attention.

Organic Infantile Paralysis—A good paper upon this subject by Dr. Delasan and to which he has given the title of *Regressive Infantile Paralysis* has appeared in the *New York Medical Times*. The case made a complete recovery. Electricity was used twice a week. A more frequent use of this agent, would, I think, have hastened the cure. *Gelsemium* was one of the remedies employed and seemed to yield the best result. No mention is made of *massage*, a very important, and indeed most necessary procedure in the treatment of such cases.

Supra-orbital Neuralgia.—Dr. J. E. Jones reports a case of this difficulty affecting the left side, which began at 4 A. M. steadily increased until 11 A. M., and then gradually subsided until 6 P. M., at which time he was quite free from pain. Stannum 6x cured the case promptly.—*New York Medical Times*.

Spongia in Basedow's Disease.—In the *Allego Homoeopathica Zeitung* a case of this affection is reported in which the three characteristics of this trouble—palpitation of the heart, protrusion of the eye-balls, and enlargement of the thyroid glands—were present in a marked degree. The patient received *Spongia* 2 trituration twice a day, and in a short time was well.—*New York Medical Times*.

Materia Medica Department.

ACETIC ACID IN SMALL-POX

BY D. S. OLIPHANT, M. D., TORONTO.

In 1873, made note from *Medical and Surgical Reporter* for March, 1873, as follows: "The small-pox making great ravages in the mountain district of Austrian Silesia, the government sent Dr. Roth there to test the use of *simple vinegar* which he asserted would destroy the germinal cause of the disease in all cases. He declared that the germ was similar in structure and growth to the yeast germ, and could not live in contact with Acetic acid. The report he made to government on his return home was a marvellous one of an almost universal success. As a prophylactic he orders two tablespoonfuls of common vinegar, with or without water one hour after breakfast and toward evening for fourteen days. For half grown and feeble persons one half this dose. Fumigate sick chamber twice daily with vinegar evaporated from a heated shovel or plate."

CASE I. In winter of 1874 visited a young woman about twenty-four years of age, at night; symptoms, intense headache, great pain in back and limbs, thirst, flushed face and nausea. Gave Acon. and Bell. alternately, suspected scarlatina from a fine miliary eruption on face. Called next morning and found confluent small-pox fully developed, the blebs rapidly running into one another. Thought this a good opportunity to test the "*vinegar cure*." The family consisted of father and mother about fifty to fifty-five years of age, and four children, a son fifteen, another seventeen, a daughter twenty-one, and the patient twenty-four years of age. Ordered complete seclusion, and prophylactic use of vinegar as ordered by Dr. Roth. (I used raspberry vinegar instead of common vinegar, as being more palatable); covered the face of the patient with an inner mask of cotton cloth *saturated* with almond oil, covered with still another

of black silk with suitable apertures for eyes, (a slit only) nose and mouth. This mask I kept well saturated with the oil, changing the inner mask for a new one every twenty-four hours. Internally Acon., Bell., Rhus., Apis, Sulph., as severally called for during progress of disease. Result: the patient convalesced with no sequelæ, skin smooth, with scarcely a mark on the face. The sister who slept with her up to the time of first morning visit, had fever with head and backache; used only the vinegar as ordered to the rest of the family, and escaped disease, as did all the rest of the family.

CASE II. In June, 1875, was summoned by a young married woman, living with her parents, to visit her brother, sick with *small-pox*. Promised to go immediately after office hours. She returned in half an hour to say that her father had called in Dr. H. who was passing, and that I need not come, but she wanted advice for herself and husband. I advised them to remain where they were, and use the "*vinegar cure*." The whole family did so, not one of them contracting the disease.

In 1879, was called to a young girl (eleven years of age) in a boarding house; seventeen inmates, one of whom had small-pox. The girl had confluent small-pox, was very ill. Ordered vinegar as prophylactic, complete isolation—and reluctantly made report to Health officer, who ordered removal of patient to small-pox hospital. The M. D. of the hospital ridiculed my prophylaxis and treatment. Result: not one in the house took the disease! The girl died on the fourth day after removal to the hospital!

Memorandum: Called in 1879 on Editor *Canada Lancet*, suggesting publication of above; declined for want of *sufficient evidence*. Travelling in the fall, found in *Baltimore American* full report of special committee on small-pox to Maryland Medical Society, closing with these remarkable words: "Of all the various methods of prophylaxis and cure which have come under the notice of your committee during the recent epidemics, none have proved so successful as the so-called '*Vinegar Cure*.'"

I wish some of the brethren would try this method of cure and report progress. If the disease germ is similar in character to the yeast germ and is a ferment, Acetic acid should destroy it. At all events, in my limited experience, its use has resulted favorably.

Surgical Department.

*HEREDITARY SYPHILIS AND RACHITIS.**

DESQUAMATIVE SYPHILIS OF THE TONGUE.

BY M. J. PARROT.

I. Assuming that all the children, who presented the lesions already indicated, were syphilitic, I have carefully studied the osseous system and I have nearly always found, 98 times out of 100 cases at least, in the subjects of the same age, one or more of the bones presenting alterations in the same order and often identical. From this I have drawn the conclusion that the alterations in the bones were the results of hereditary syphilis. The assumption seems to me to be a reasonable one, and that no more legitimate pathological theory could be formulated. I do not except the two cases in which the osseous lesions were wanting; for we can, and ought to, admit that, in these patients, the syphilis has only manifested its action upon the cutaneous system or the viscera. We do not expect to find present at one time the initial chill, the fever, the pain in the side, the rusty sputa, the tubular murmur and the bronchopony, in order to diagnose pneumonia. In this case experience has taught us that the presence of the disease is sufficiently assured by two or three or even by a single one of these symptoms. It is not necessary to be more exacting in syphilis than in pneumonia, and to be unwilling that, in some cases, even very rare, a single sign should not be sufficient to mark it.

*Cont. from vol XII. p. 357. Trans. from *Le Prog. Med.* No. 11, by T. M. S.

The osseous lesions are then in a diagnostic point of view of the same value as the cutaneous syphilides; and when an affection, no matter what it may be, coincides habitually with either of them, we can say that it is under the subjection of hereditary syphilis.

By following this vigorous method and against which I do not believe an objection worthy of refutation can be raised, I do not hesitate to diagnose the disease in the children, although the precise indications of the health of their parents may be wanting. In this institution, where the parents are so often unknown to us, it was necessary to follow this deviating track. It is however as safe as the direct route and even, in a manner, as certain in the seed; but it was necessary to trace it and render it impracticable, this task I undertook and I do not regret the trouble; for every time that I have been permitted to verify the conclusions obtained in this manner, by tracing to the paternal or maternal source, the lesions observed upon the children, I have established their correctness. I have thus in more than one instance, detected in the parents the existence of a syphilitic manifestation of which they were ignorant; treatment was immediately begun and further accidents prevented.

II. In consequence of the method which I have briefly described to you I have been able to connect with hereditary syphilis an affection of the tongue, whose true origin had been hitherto entirely unknown.

It was described for the first time in 1872, in an inaugural thesis of M. Bridon, (upon an unknown affection etc.) According to this author the alteration was first noticed in 1854 by a German physician, Santlus of Hadamar. Gubler (*Dict. of Med., Sci., art, Mouth.*) speaks of it under the name of a lichenoid affection of the tongue; M. Bergeron mentioned it in an oral report to the *Société des Hôpitaux* in 1864.

We seldom observe the beginning of the disease; but this is unimportant for it proceeds by successive outshoots, and the same symptoms are reproduced each time, in the same order and with the same characters.

We find at the point of the tongue or along its edges a spot of half a millimetre or a millimetre in diameter, which is white and round, and at its summit the epithelium is thicker and whiter than the normal state. Then, very rapidly in twenty-four to thirty-six hours, in place of this milky disk, there appears a circumscribed blue ring with a red surface in the centre of the spot, from which the epithelium has disappeared and in which the papillæ are prominent. From this moment the affection extends with surprising rapidity, either towards the posterior region or the centre of the tongue. The circles are soon transformed into crescents or irregular curved lines, of which the opening or concavity is almost invariably anterior. This modification in the shape is due sometimes to its development in the neighborhood of the edges of the tongue which arrest its eccentric march and breaks the epithelial zones, since the inferior face is very rarely invaded; at other times to the contact and intersection of several circles. In the latter case, the surfaces recently desquamated, are limited by the true festoons.

Each affected limit presents some peculiarities which merit attention. On the periphery and bordering it, at least in a part of its extent, we see a dull white zone, which closely marks by its color and projection the portion of the organ not yet attacked; but much more that about to be seized. This zone may be from one to two millimetres in length and at least half a millimetre in height, if we examine it from the side of the desquamated surface. This surface is not the same in all its parts. The part nearest the epithelial zone, that is to say when it is the most recent, is very smooth and of a bright red color. On the outside and in advance, this appearance, although it may be still very evident, gradually lessens and the parts primarily attacked assume their normal condition.

No matter how rapid or active the affection may be, it is very rare that the entire surface of the tongue is desquamated in one of these partial attacks; there remains nearly always, either at the back or in the centre, some points which are not touched. But very often, before one of the affected

spots has terminated its course, another manifests itself and takes a similar direction; and in this manner I have seen, at the same time, three series of desquamative zones stretch progressively from the point towards the posterior region of the tongue, comparatively to the successive undulations concentrically a liquid surface, when repeated shocks are given at one of its points.

The duration of the affection, considered in its entirety, or in each of its attacks, is difficult of determination. The attacks rarely exceed five or six days. It may remain quiescent for some months, perhaps for years, in order to again appear during a new period of activity, and under influences which until now it has been impossible for me to discover.

The diagnosis is simplified by this fact that the evil belongs essentially to infancy. I would not, however, deny its existence in the adult. Its features are so marked and typical, that whatever may be the period in which one observes it, and after having attentively examined two or three cases, it is impossible not to recognize it when it presents itself anew. One cannot forget its march so constant, its morphology so changeable; everything preserving its proper character. In scarlatina the tongue is rapidly deprived of its epithelium, and over its entire surface, it is so actively and intensely red, as to appear upon the point of bleeding from the least contact. Thrush also gives rise to the desquamation of the lingual mucous membrane but very irregularly, and there is nothing which less resembles the epithelial zones which I have described to you than the small masses or large patches of the fungi. Besides, a hasty examination with the microscope, will always detect the spores and papillæ of the parasite. Aphthæ determines not a simple desquamation, but a true ulcer, which rarely extends beyond its first limits.

The pathological anatomy of the desquamative affection of the tongue has not yet been made. M. Renaut in examining the product obtained by scraping the tongue found a large number of free and commingled epithelial cells, spores, coagulated mucine and a large number of embryonic cells. But this examination of the epithelium does not teach us

either the seat of the lesion, or its nature; it is much less satisfactory than the study made upon sections of the tongue, as I have done. In three subjects we noticed with very little variation, the same peculiarities. Upon making perpendicular sections of the tongue we have easily noticed that the epithelium in the neighborhood of the diseased points tumefied and thickened. The cells of the horny layer were increased in volume as well as those of the body of malphigi, which was, besides, the seat of a most active cell proliferation. Finally, and I call your attention especially to this point, we noticed in the papillæ and in the portions below the derma, around the vessels a large number of lymphoid corpuscles, scattered or in groups more or less compact. I believe the corium is the principal and primitive seat of the affection, and that the superficial manifestations, apparent only during life, are of a secondary and consecutive order.

As to the nature of the affection Murr, Barthez and Gubler consider it to be parasitic, while M. Bridou claims that the primary cause is a peculiar debility coincident with digestive troubles. I regret both of these opinions; the first, because it is a simple hypothesis, and sustained in a doubting manner by its originators; the second, because I have observed that a great number of children who were attacked with this disease, enjoyed the best of health. It seems to me that an affection so typical in its characteristics and progress, ought to recognize a single and similar cause, really specific. What is it? I have selected at random from my notes thirty-one cases of desquamative disease, and in twenty-eight of them the children carried incontestable marks of hereditary syphilis. This was sufficient for me to characterize it and I affirm that it constitutes a syphilitic manifestation, and that the title of desquamative syphilis of the tongue, is amply justified. As regards the age at which it most frequently appears, my thirty-one cases give the following:

From 1 to 6 months, 6 cases.

From 6 months to 1 year, 9 cases.

From 1 to 2 years, 7 cases.

From 2 to 3 years, 3 cases.

From 3 to 4 years, 2 cases.

From 4 to 5 years, 3 cases.

From 5 to 6 years, 1 case.

You see that the figures are in favor of the etiology which I consider true. They tell us, in fact that the affection is more frequent from six months to three years, than from three to six years; now, hereditary syphilis is especially active during the three first years of life. Does this disease constitute an isolated phenomenon and one without analogy among the manifestations of hereditary syphilis? Far from it, and I believe that, without forcing the analogy, we can compare it with the syphilide en plaques of the skin, which, likewise, has a tendency to an eccentric march, desquamates, appears at times under the form of successive shoots, and is histologically characterized by the lesions of the corium and epidermis, very nearly identical to those which mark the lingual syphilis.

Why is the tongue the only part of the buccal cavity attacked? Without doubt, on account of the abundance of its nerves and vessels and its great activity; all of them, conditions which bring upon the organs containing them the diathetic manifestations. I do not consider this affection to be capable of transmitting hereditary syphilis by contact. There is here, in fact, neither erosion nor discharge, and most of the subjects, who are attacked, have passed the age in which the disease is contagious.

I have nothing to offer in regard to prognosis and treatment. The former is not grave, and there is no necessity to institute a treatment against an affection which causes no suffering or detriment. Besides, in order to interfere successfully we must attack the disease itself, and not a local condition which is only one of its numerous manifestations.

Mammary Cancers.—It is proposed by Professor Bouchut to abolish the nutrition of mammary cancers by checking the flow of blood to the gland. This is to be done by the constant pressure of a wadded cuirass of vulcanized caoutchouc.

Consultation Department.

RHUS POISONING—WHAT WILL CURE?

I am puzzled with Rhus poisoning. What shall I do? I have three cases here, but cannot cure. The family came from the East a year ago and moved in the foothills, and ever since they have been afflicted with poison oak, and laid up every few weeks. The parts affected swell to the utmost possible size, mostly the penis, scrotum, hands and face. They cannot sleep and are unable to work. Will somebody help to prescribe a remedy to prevent them from getting poisoned again, and stop this terrible itching? I gave Belladonna 3x, Bryonia 3x, 30x and ø gtts v., five times daily; Gelsemium, Sulphur, Rhus tox., etc.; and applied to the parts hot water, Gelsemium, Cosmoline, Salaratus water, Chamomile tea and most everything I could think of to make them easier. Hot applications of Chamomile tea, followed by Cosmoline after the wash, done the most good. The Regular physician here says he will cure them. Shall I let them go? I am a pioneer here and intend to make our school popular. No Homœopathic physician here for miles, and I have sometimes a hard stand. Please inform me of a good way to relieve this family and I will be thankful.

Let us hear some more about puerperal convulsions. I do not believe in Morphine injections and Chloroform or Nitrate of Amyl inhalation. I use Gelsemium or Belladonna and warm bath, and have seen the best results from this treatment.

Belladonna and Merc. iod. low are my remedies in diphtheria, besides I use as a gargle Phytolaca decandra ø gtts. 40 in a teacup of hot water, or in bad cases Kali permanganicum gtts iij of the crude salt to one ounce of water, or Hydrastis gtts 10 in a gill of water.

L. HAMERSCHMIDT.

Post-Partum Hæmorrhage.—When “dreadful gaping” occurs in a woman just delivered, Prof. Pepper regards it as almost pathognomonic of post-partum hæmorrhage. For the latter he recommends the application of vinegar, dipping a handkerchief in this, carrying it into the uterus, and squeezing it out there. If this is not at hand, a lemon gashed, introduced, and squeezed accomplishes the same purpose.—*Medical and Surgical Journal.*

Society Proceedings.

OHIO STATE MEDICAL SOCIETY.

(Continued from page 542.)

SECOND DAY.

The society resumed its session with fifty-eight members present, Dr. H. M. Logee, of Oxford, presiding.

The first subject for consideration was the reading by Professor Owens, of Cincinnati, of a very elaborate account of the anatomical bill which, through his exertions, passed the Legislature.

"Sub-mammary Abscesses" was the title of an able paper from Dr. M. H. Parmelee, of this city, chairman of the Bureau of Surgery.

Dr. D. W. Hartshorn, of Cincinnati, contributed a treatise on "The Influence of the Scrofulous Diathesis in Surgical Cases."

Dr. J. C. Anderson was called upon for a paper on "Coxalgia," and responded.

The reports of the Bureau of Surgery closed with an essay on "Conservative Surgery," by Dr. C. E. Walton, of Hamilton.

The next department to report was the Bureau of Obstetrics, the chairman of which Dr. J. C. Sanders, of Cleveland, furnished a paper on "Septic Puerperal Fever," followed by "The Management of Accidental Abortion," from Dr. Albert Claypool, of the city. "A Case from Practice" was the next paper, from Dr. W. L. McCreary, Greenfield, which was succeeded by an article on "Puerperal Eclampsia," by Dr. S. S. Salisbury, of Washington Court House.

AFTERNOON SESSION.

On motion the regular order of business was changed and the election of officers proceeded with. The result was as follows: President, Prof. Wm. Owens, M. D., Cincinnati. First vice-president, E. V. Van Norman, M. D., Springfield, O. Second vice-president, C. C. White, M. D.; Columbus. Secretary, H. E. Beebe, M. D., Sidney, O. Treasurer, J. C. Sanders, M. D., Cleveland. Censors, J. F. B. Owens, M. D., Lebanon, O.; R. B. Rush, M. D., Salem, O.; J. H. Whitehead, M. D., Portage; J. C. Anderson, M. D., Mansfield; T. G. Barnhill, M. D., Findlay; D. M. Connell, M. D., Upper Sandusky; A. M. Claypool, M. D., Toledo, O.

The next meeting will be held at Columbus on the second Tuesday and Wednesday of May 1882. The chairman appointed the following bureaus to prepare papers for the next meeting:

Bureau of clinical medicine—C. M. Lukens, Cincinnati; J. P. Owens, Lebanon; Dr. Williamson, Troy; A. A. Lovett, Eaton; Wright, Berea; W. T. Rowsey, Toledo; C. C. White, Columbus.

Registration and record—J. R. Flowers, Columbus.

Materia medica—E. Gillard, Sandusky; Barnhill, Findlay; E. C. Morrill, Norwalk; A. C. Barlow, Toledo; W. A. Shaffer, Xenia.

Surgical—C. E. Walton, M. D., Hamilton; M. H. Parmelee, M. D., Toledo; D. M. Hartshorn, M. D., Cincinnati; C. W. Moore, M. D., Springfield; R. D. McConnell, M. D., Upper Sandusky; H. C. Royer, M. D., Massillon; J. C. Anderson, M. D., Mansfield.

Physiology and pathology—J. D. Buck, M. D., Cincinnati; S. J. A. Gann, M. D., Wooster; S. A. Gliser, M. D., Cincinnati.

Sanitary science.—D. H. Beckwith, M. D., Cleveland; Martha May Howells, M. D., Cincinnati; R. F. Buchanan, M. D., Cincinnati; E. R. Eggleston, M. D., Oxford; J. P. Geppert, M. D., Cincinnati.

Gynecology.—S. S. Salisbury, M. D., Washington; C. H. Whitehead, M. D., Portage; E. L. Fristoe, M. D., Greenville; Ellen M. Kirke, M. D., Cincinnati; E. M. Goodwin, M. D., Toledo; S. S. Lungren, M. D., Toledo.

Insanity.—A. C. Rickey, M. D., Dayton; J. W. Haines, M. D., Cincinnati.

Obstetrics.—J. C. Sanders, M. D., Cleveland; R. B. Johnson, M. D., Ravenna; A. Claypool, M. D., Toledo; M. M. Eaton, M. D., Cincinnati; J. H. Wilson, M. D., Bellefontaine; H. F. Breckbill, M. D., Columbus Grove.

Ophthalmology and otology.—W. A. Phillips, M. D., Cleveland; G. C. McDermott, M. D., Cincinnati; G. D. Grant, M. D., Springfield; A. J. Vance, M. D., Springfield.

Pathology.—B. F. Lukens, M. D., Troy; E. D. Van Norman, M. D., Springfield; R. B. Rush, M. D., Salem.

The following delegates were appointed to attend sister societies: To Michigan Society, which commences next Tuesday, Drs. M. H. Parmelee, of Toledo, and Frost, of Sylvania. To Illinois Society, Dr. Eaton, of Cincinnati. To Indiana, Dr. Bæbe, of Sidney. To National Institute, Drs. M. B. Lukens, Cleveland, Owens, of Cincinnati, and Rush, of Salem. It will be held at Brighton Beach, Coney Island, in June next.

A resolution was passed authorizing the secretary to grant credentials to any member likely to attend the World's Convention of Homeopathic physicians which meets in London, Eng., in July next.

The following new members were elected during the session: S. S. Parker, Toledo; T. W. Rhonhouse, South Toledo; Geo. D. Grant, Springfield; R. F. Buchanan, Cincinnati; M. P. Hunt, Selma; M. M. Hatfield, Dayton; W. A. Frost, Sylvania; C. A. Sheets, St. Marys.

Votes of thanks were tendered to the officers of the society, and the Toledo physicians who so hospitably entertained the visitors.

Dr. S. S. Lungren, on behalf of the entertainment committee, at the close most cordially invited the visitors to remain to the banquet at the Oliver House in the evening which was accepted by all, but those who were forced by their professional duties to return to their homes on evening trains.

THE BANQUET.

A very pleasant company assembled at the Oliver House last evening at the banquet given the visitors by the local Homœopathic physicians. The tables were spread in the excellent style for which the house is noted, and nearly sixty ladies and gentlemen sat down to the elegant repast, which was certainly non-Homœopathic. Dr. M. H. Parmelee presided in the absence of Dr. S. S. Lungren, who was ill. Prof. Wm. Owens, of Cincinnati, occupied the vice-chair, and the company ably presided over by these popular gentlemen proved a very sociable one, Milverstedt's orchestra furnishing an abundance of splendid music. The first toast of the evening, "To the Memory of Hahnemann," was drunk standing and in silence.

"The Homœopathic Medical Society of Ohio" was responded to by Dr. H. W. Logee, the ex-president, in a very happy manner.

"Our Veterans: May the Wisdom of the sages never be less," was very appropriately responded to by Prof. Owens, M. D., Cincinnati.

"Our Sister Societies," coupled with the name of Dr. T. C. Duncan, president of the Illinois Medical Association, was answered by a neat little speech by the well known author and physician.

"The Ladies: May their Bright faces always Adorn our Gatherings as they do To-night," brought Prof. J. C. Sanders, of Cleveland, to his feet, and as he was perhaps the most thorough ladies' man in the society, his speech was very pretty and flowery.

Prof. Foster, of Detroit, gave a humorous recitation which was well received. The only drawback was the necessity of breaking up the party about half-past ten, the majority of the visitors being forced to return home on the trains departing about that time. However, a very pleasant time was spent, and the guests and hosts parted with regret, hoping to meet again next year.

H. E. BEEBE, Secretary.

FIFTEENTH ANNUAL SESSION OF THE INDIANA
INSTITUTE.

The Indiana Institute of Homœopathy met in its fifteenth annual session, May 5th, at Plymouth Church, Indianapolis, with about fifty delegates present. Among the distinguished visitors were: Prof. Samuel D. Jones, of the University of Michigan; Prof. W. A. Phillips, of the Cleveland Homœopathic Hospital College; Mr. D. Duncan of Chicago; Dr. H. E. Bebee, secretary of the Ohio Homœopathic Medical Association; Dr. James McMullen of Philadelphia, and Dr. W. Breyfogle, of Louisville.

After hearing the reports from the secretary and treasurer, the following standing committees were appointed:

Credentials—Dr. G. W. Bowen, Fort Wayne; Dr. T. F. Hunter, Wabash.

Invitation—Dr. C. S. Fahnestock, Laporte ; Dr. James M. Partridge, South Bend.

President's address—Dr. W. L. Breyfogle, Louisville ; Dr. F. L. Davis, Evansville.

Publication—Dr. B. F. French, and Dr. D. S. Compton, of Indianapolis.

The charges of unprofessional conduct brought by Dr. McNeil against Dr. B. S. Bringham, both of New Albany, were dismissed. The greater part of the morning session was devoted to President O' S. Runnels's address.

Instead of reviewing the progress of the profession, as is customary in such cases, Dr. Runnels took for his subject, "Stimulants and Narcotics." He considered their use from the earliest recorded time, and in connection with it, the average mortality in regular periods, and the regular increase in certain diseases up to the present. In the more practical part of his address he said:

There has been an alarming increase in the use of tea, coffee, tobacco, alcohol, chloral and opium. Taking all these agents together we find (what is true of no other class of agents, medicinal or nutritious the world over) a steady parallel and marvelous increase of consumption. This is a fact not to be forgotten in the further consideration of this question ; for in this truth is markedly shown, what becomes more and more apparent in the study of the problem, namely: that these agents are members of a common class, have kindred characteristics, and lead finally to a common goal ; that they must be regarded, not as independent elements only, with actions individual, unlike and unconnected ; but as integers of a family, having similar features, a common pathway and a difference only in degree. The tremendous failure of the past, to meet and cure intemperance is painfully familiar to all. I am convinced that the cause lies just here. These agents have only been weighed separately ; inattention has been paid to relationships, similarities and tendencies, and the aggregate effects upon the race, both for the generation that now is, and for those that are to come, totally disregarded. Such a scheme of temperance work as we have had has not reached the case, and cannot prove effective. It will never eventuate in driving the demon of intemperance—with all that that implies—from our firesides.

But in order to show these influences, as a connected whole, in their progress and results, I crave your further attention to a very brief outline. Tea, though it disturbs most readily those constitutions whose tone has been lowered from the healthy standard by fatigue, sickness, loss of blood, etc., has itself the power of reducing the normal vitality to that state most accessible to its own deleterious influence. In a brief time after first taking a sufficient amount of the unadulterated decoction an uncomfortable feeling arises in the stomach, a craving, sinking emptiness, which soon acquires a degree of intensity almost insupportable. This hunger-like gnawing and

craving is described as being to the last degree painful to endure. By degrees, a palpitation of the heart is super-added, together with a feeling of great fullness in the chest, want of breath and frequent sighing. These milder effects are succeeded, after excessive or long use, by a very marked intensity in all the forms, and in addition, there appears violent headache, dimness of vision, unsteady gait and vertigo; threatened suffocation, insensibility and convulsions; the sufferings of the stomach increase to violent spasms, the heart evinces acute pain, violent palpitation or enfeebled action, with syncope, and the mind, partaking of these physical disturbances, is seen in a temper so peevish, irritable and generally uncertain as to render the sufferer a torment to all about. That coffee is not an infant narcotic is at once shown by its universal employment as an antidote to the whole list of vegetable poisons, including Belladonna, Opium and tobacco, the decoction of black coffee being resorted to in all such poison cases. Very similar to the effects of tea are the primary influences of coffee; increased circulation and exalted sensitiveness of the nervous system generally, followed by the familiar reaction into irritability, peevishness and unhappiness. After long continuance and excess, the lethal effects are more marked, and we have insomnia, intense headache, coolness of the extremities and clammy sweat of forehead and palms. The digestion is interrupted and dyspepsia established. The intestinal motion is more difficult and painful, and ultimates in constipation; muscular action is irksome, hypochondriasis and hysteria familiar, and the functions of the brain, stomach, heart and nerves are markedly interfered with.

In the use of tea and coffee we get the chief causes of the greater prevalence of the nervous diathesis, soured, peevish natures, with increasing domestic incompatibility and divorce. Here, too, we get the parentage of organic headache, gastralgia, functional and organic heart-disease, the continuous fear and fact of paralysis so frequently met, and the inception of the tobacco and major appetites. The paralyzing effect of tobacco is familiar to every tyro. The deathlike sickness that suddenly steals over the body, causing faintness, vomiting, general cold sweat and pallor, together with exceeding great nervousness, is an indisputable voice as to the power for ill that it contains. And this is not at all disproved by the fact that, sooner or later, the system becomes tolerant of it and learns to crave it. The effects in the organism this drug will not produce, would be, I am sure—as in the case of Opium and alcohol—much more easily told, than to particularly enumerate all that it does produce, the functional derangement in every organ and tissue following upon its introduction and use. These phenomena I repeat, as before, are not wholly observable and measurable in the individual instance, but are witnessed most markedly in the aggregate—the general current of the race of life—in broken constitution and unbalanced body and brain function. Enough, however, is discoverable, in every single case to cause a halt and order a double-quick retreat. It matters lit-

tle whether chewing, "dipping," snuffing, or smoking be the method, the result is essentially the same, as summed up in the following brief resume: It causes undue fluidity of the blood and change of form in the red corpuscles; gives rise to gastric debility, nausea and confirmed dyspepsia; enlargement and soreness of the tonsils—smokers' sore throat—and morbid condition of mucous membrane and gums; debility of the heart, with irregular action, and finally positive morbidity; irritation of bronchial surfaces and cough; confusion of vision and inability to clearly define sounds; and finally, impairment of brain activity, with brief delusory "stimulation" and subsequent clouds of depression, that hang like an incubus upon the mind. * * With Opium and alcohol the effects are so similar to the foregoing as to render their mention here tautological. We have the catalogue of sensations expressed in the three stages of excitement, depression and fatuity—the rule universal in all narcotic procedures, and eventuating in functional and organic diseases. Following these effects is their profounder action, in remarkably brief periods in destruction of will and mind and life. Take a pat instance, as shown in the experiences of the debauchees of tobacco. Sickened with his first cud or cigar, he finally conquers his repugnance and learns to like it. From the mild cigarette or infinitesimal end the demand goes on through cigars and "fine-cut" of greater and increasing strength and more frequent repetition to "perque" and "dog-leg" by the pound, until finally the "old pipe"—and the older the better—with all its death load of accumulated essential oils, is the *sine qua non*.

During this progress the victim finds beer, wine and whisky agreeable, and in his estimation no disgrace, and down grade rapid and easy. Millions have already gone this way to alcohol, and ninety-nine out of every hundred "drinkers" are tobacco-users—tobacco having preceded and led into the valley of alcoholic death. The steps are similar through Opium and Chloral, and tea, coffee and chocolate are the initial gateways in narcotism through which come as through rivulets to a stream, the first disturbances of function and appetite. If this be not apparent in the first generation, the effects will be broadly manifest in the second, third, or fourth generations, in the children or the children's children. I repeat that the consequences of habitual indulgence in any one or more of the narcotics are inevitable, and are without exception shadowed forth, both in the individual and subsequent members of his family.

Every moderate narcotizer will surely awaken sooner or later, to the consciousness of thralldom; will find his will inadequate to express itself; his efforts at reformation futile, and be led finally to exclaim with poor Hartley Coleridge,

"Oh, woful impotence of weak resolve!"

The presence alone of this physical importunity—this organic demand for any narcotic, "mild" though it be—is itself proof that one is under the domination of a higher power, and already a diseased

or abnormal man. Richardson says: "Much craving for one thing is the most certain sign of a mad mind. When the physiological truth is understood, that which is called 'stimulation' or excitement is in absolute fact relaxation, a partial paralysis of one of the most important mechanisms in the animal body, the minute, resisting, compensating circulation, we grasp quickly the error in respect to the action of 'stimulants' in which we have been educated, and obtain a clear solution of the well-known experience, that all excitement, all passion leaves after its departure, lowness of heart, depression of mind and sadness of spirit. We learn, then, in respect to narcotics, that the temporary excitement they produce is at the expense of the normal force, and that the idea of its being necessary to resort to them, that they may lift up the forces into true, firm and even activity, or that they may add something useful to the living tissues are as errors, solemn as they are widely disseminated."

The sooner the fallacy is dropped that they possess "food-action," or are "negative foods"—whatever that may mean—the better will it be for us. These delusions must be ever laid bare. Words of definite meaning, by those in authority must be spoken relative to these demoralizing influences, so that earnest lives can be ordered in accordance with the teachings of honest science. For the effects of these agents on the individual and his progeny are so markedly pronounced as to leave no uncertainty; they are so crystallized in race-defects as to defy successful controversion. This is shown in pro rata increase in the amount of narcotics consumed and the parallel increase in the normal, mental and physical decrepitude of the consumers; in the growing herd of indigent, unthrifty, uneconomical tramps; in the multitude of moral weaklings and matriculants in crime, and in the worldful of those who, either in mind or body, are paralyzed, broken or deformed, such as all inebriates and the larger percentage of the idiots, lunatics, congenital cripples, and those with functional and organic diseases.

In the light of these facts, it is necessary that we "walk worthy of the vocation wherewith we are called;" that nursing mothers be taught that milk which is the product of percolated tea and beer is decidedly poor nutriment, and that Laudanum, Paregoric, "soothing syrup," *et id omno genus*, are not the influences to exert on the formative brain of an immortal soul, either ante or post-natal; that all parents understand that their traits and appetites, as well as their diseases, are handed down to their progeny, to the third and fourth generations, and that it is their duty, not only to keep their children from eating poisons, but to inculcate such fear and loathing for them that they will never, for the love of life, touch them. Guardians and teachers must impress upon the minds of the young and old that physical destruction is a crime against all good, and that over all the gateways to it rests the stamp of ignominy and disgrace.

Doctors of medicine must remember that they hold the throttle of the narcotic engine, and that the forces they let loose may hurl their

patients down the road of appetency to ruin. Alcohol prescriptions, Chloral and Opium, by the mouth and hypodermically, are already, in the candid mind, undergoing the most solemn inquisition. These narcotics should never be resorted to without the most serious and comprehensive consideration. It is safe to say that, so far, the world is not better for their having been in it. It is a hopeful sign that there is a growing knowledge regarding the grasp resident in the stream of narcotics, which, before our very eyes—and, alas, by our individual and social help—is hurling men and their families over the awful cataract of appetite and disease. We cannot do better to-day than to heed the danger-signal set up by Buddha three thousand years ago:

"Shun drugs and drinks
That work the wit abuse;
Clear minds, clean bodies,
Need no Soma-juice."

Dr. G. W. Bowen, of Fort Wayne, read his paper on Variola. The doctor took decided grounds against the law compelling children to be vaccinated in order to retain their place in the public schools; that more harm was done by vaccination than good; that any case can be cured if taken in time by the Homœopathic remedy; besides medical prophylactics were sure preventives of its contagion. The paper elicited considerable discussion and was referred.

The society then adjourned to meet at 2 P. M.

AFTERNOON SESSION.

The afternoon session was taken up with the report of the bureau of materia medica. This change in the programme was made to accommodate Prof. Samuel D. Jones, of Ann Arbor, Mich., who read a paper on "Condensed Materia Medica," which was discussed at length by Dr. Owens, of Cincinnati, and Dr. George W. Bowen, of Fort Wayne.

Dr. R. S. Brigham, of New Albany, read a paper on "The Rationale of the Homœopathic Law," which was referred to the committee on publication.

Dr. William Owens, of Cincinnati, made an informal address on intermittent fever. This elicited considerable discussion by Drs. Breyfogle, O. C. Link, G. W. Bowen, A. McNeil, F. L. Davis, and B. F. French. There seemed to be a great difference of opinion among the doctors respecting Quinine, but all agreed that the totality of the symptoms determines the drug. One stated that he used material doses frequently; another found it necessary only in malignant forms; another that he never found any use for Quinine; another that he found high potencies sufficient in any case, and that all that was necessary was to differentiate the drug and then give his high potency. This coming from Dr. Link, who practices in Rensselaer, where malaria runs riot, created no little surprise. Dr. J. D. George, of Franklin, at this time had several physicians examine a patient of his. They congratulated him on his treatment.

EVENING SESSION.

The evening session was devoted to interesting papers by Prof. James A. Campbell, of St. Louis, on "Artificial Drumheads," and by Prof. W. A. Philips, of Cleveland, on "Physiology of Vision," and their discussion by various members of the association.

SECOND DAY.

The Institute was called to order, pursuant to adjournment by Wm. H. Thomas, M. D., vice president.

The report of the bureau of gynecology was called for, and the first paper was read by W. H. Thomas, M. D., of Elkhart, entitled "Hysteria," followed by a paper by O. S. Runnells, M. D., of Indianapolis, on "The operation for lacerated perineum."

The discussion upon the papers was indulged in by C. S. Fahnestock, M. D. of Laporte, and others.

Under the head, "The report of the bureau of Clinical and Psychological Medicine," the first paper presented was by F. L. Davis, M. D., of Evansville, on "Clinical Medicine," and, on motion the paper was received, and discussion was opened by G. W. Bowen, of South Bend, followed by W. L. Breyfogle of Louisville, W. F. Morgan of Lafayette, S. N. Caldwell of Pilot Grove, and T. C. Hunter of Wabash.

W. L. Breyfogle, M. D., chairman of the board of censors, presented the names of Mrs. Ellen P. Rogers of Pendleton and J. R. Hildrup of Windfall, for membership.

The committee on credentials presented the credentials of J. A. Campbell, M. D., of St. Louis, which were received and the courtesies of the institute extended to him.

Remarks were made by Dr. Campbell, upon the request of the president, in regard to the state of Homœopathy in St. Louis and vicinity. The report of the bureau of clinical and psychological medicine was continued, and a paper by G. W. Bowen, M. D., on "A Report of a Surgical Case," was read, and followed by W. R. Elder, of Terre Haute, on "Fatal Poisoning by Santonine Lozenges," and T. C. Hunter, of Wabash, entitled, "Our Public Schools: are they Worth what they Cost."

W. L. Breyfogle, M. D., read a paper on

THE "RIVAL PATHIES."

"The Position of the Regular Practice" is the title of an article which has recently appeared in the London *Lancet*, and which is intended to explain the cause of Sir William Jenner's refusal to consult with Dr. Kidd in Lord Beaconsfield's case, and why charges were preferred against the physician who was liberal enough to consult with and recognize a believer in Homœopathy.

This article, appearing as it does in the leading Allopathic journal of the world, and having been extensively copied and commented upon by the secular press, does the system of Homœopathy such

gross injustice, and contains so many mistatements, that I can not refrain from making it the subject of a few remarks.

It is not my intention to discuss the propriety of consulting between the physicians of the opposing schools, a condition pathologically possible, but therapeutically impracticable; but to consider some of the charges he brings against our profession. I believe the proper time has arrived for us to act, not only on the defensive, but on the aggressive, to push the war into the enemy's camp. We are proportionately much stronger than they, and can well afford to take up the gauntlet they have so very discourteously thrown down.

The writer of the article says: "We decline to have professional intercourse with professed or reputed Homœopaths, because they are believers in a method of therapeutics which is at once fantastical and absurd," and further adds: "The objection is scientific."

Homœopathy is defined by this learned scientist as a method of cure made up by (1), the law of similars; (2), the law of dynamization of medicines, based upon a theory that "disease is a spiritual dynamic derangement of our spiritual vital principle," and that the dynamization of drugs are real awakenings of the medicinal properties that lie dormant in natural bodies during their crude state, which then become capable of acting in an almost spiritual manner upon our life." Declining to enter into further discussion over a system which has met "the condemnation of scientists, philosophers and practical physicians," he adds: "It is enough for our purpose to call attention to the fact that obedience to the law of similars has led Homœopaths to give dilution of bugs to cure the inflammation arising from bug bites; cholera evacuations for the cure of cholera; and the expectoration of phthisical persons for the arrest of consumption," and says: "These ridiculous pretensions can have no place in scientific medicine, and therefore practitioners of scientific medicine can have no professional association with those who advance them."

Sir Wm. Harvey has said: "True philosophers, who are only eager for truth and knowledge, never regard themselves as already so thoroughly informed but that they welcome further information from whomsoever and whensoever it may come; nor are they so narrow-minded as to imagine any of the arts or sciences transmitted to us by the ancients, in such a state of forwardness or completeness that nothing is left for the ingenuity and industry of others."

Our present philosopher, student and scientist has not "sought the truth with eagerness; he has not given himself the necessary trouble to investigate, or he would have found that the law of the similars is based upon a principle—a law of nature; that the Homœopathist first discovered the true properties of drugs by experiments on the healthy organism, and believes the symptoms thus produced are the true guides to the administration of the remedy; that a drug which produces a certain series of symptoms when taken in health will cure similar symptoms when produced by disease. I am sure he will

find nothing "fantastic or absurd" in this. The oldest writers, from Hippocrates down, mention the similarity between the effects of the drugs used and the diseases they cured. But our friend, becoming bewildered with an accumulation of heterogenous and unarranged ideas, has confounded Dropathy with Homœopathy. He says we give "bug juice for bug bites, cholera evacuations for cholera, and the consumptive patient a dilution of his own expectoration." Although it is hard to part with these delectable remedies given us by our antiquated scientists, through our great love of the truth, we must inform him that no such remedies are known or used in Homœopathic practice; that the only records in medical literature of such abominable prescriptions being given are found in his own works, and refer him to the writing of Dioscorides, Zenocrates, Galen, Serapion, Paulus Algineta, Haley, Abbas, Celsses, Nicander, Oswald Croil, Van Helmont, Dr. Duney, Dr. Richard Mead, even Butler, who wrote fifty years before Mead, alludes to Dropathy in these lines:

"'Tis true, a scorpion's oil is said
To cure the wounds the vermin made.
And weapons dressed with salve restore
And heal the hurts they gave before."

Similar curing similar and like curing like are two different things. Similes is not idem.

As an illustration, it is well-known to medical men that Mercury produces affections of the throat, bones and skin, so like the diseases of those parts arising from other causes that they often find it impossible to distinguish the one from the other or to decide to which to attribute the symptoms. Let us consider, then, two patients standing side by side, with ulcerated throats, swellings on the bones, and eruptious on the skin, in the one caused by Mercury, in the other not, and the most experienced surgeon shall be puzzled to say which is the mercurial case and which not. Mercury given to these cases would aggravate the one whose symptoms were owing to Mercury, while it would certainly cure the other.

Our friend further discourses over the "dynamization theory," and alludes to the "decillionth part of a grain." We would remind him that Homœopathy as a principle, was discovered by experiments with ordinary doses of crude drugs, and a man may be a true Homœopathist though he never prescribe any other. The size of the dose has nothing to do with Homœopathy. The proper dose is to be found only by experiment, and every Homœopathist has a perfect liberty and right to make these experiments. But so many times have these experiments been repeated that it has come to be an accepted fact that they cure best in such quantities as shall not produce toxic or poisonous effects or aggravation of the symptoms already existing.

If the millionth part of a grain will cure better than a hundred grains, is not the physician bound to use the smaller dose?

A vessel of unannealed glass will resist a powerful blow from a wooden hammer, but will fly into a thousand shivers if a grain of sand be but dropped into it from the height of a foot; yet no one would say that the strength of the blow in the latter case was greater than in the former case.

In order to demonstrate that the minutest quantity is not inert, let me refer you to the experiments of M. Davaine before the French Academy on the subject of septicæmia. From these experiments, which have since been verified, it is seen that the ten trillionth part of a drop actually destroyed life when injected into the veins of a Guinea pig.

With this testimony, who can longer dispute the power of infinitesimal? And the demonstration of its power to kill, if it does not show its curative power at least relieves it from the opprobrium of inertness.

Our learned friend ought not to object to the "dynamization theory" as he calls it. It has done much to benefit the Old School. Were it not for its influence he might yet be prescribing his compounds of eight or ten ingredients—a shot-gun practice, that killed more than it cured and maimed more than it killed. Why is it that you now divide a grain of Calomel into twelve parts and give one part daily, instead of using twelve grains at a single dose? What taught you that a small dose of Ipecac would cure vomiting when a larger dose produced it? Hahnemann dynamization theory.

Take from your shelves your latest standard authorities, "Ringer's Therapeutics" and Bartholow's, and you will find therein whole pages that have been taken—stolen—from our materia medica and palmed off on you antiquated scientists as "new discoveries" in medicine.

It is amusing to note with what *sang froid* the Old School robs us of golden gems of experience, and then urges popular sentiment against us, with the old cry of stop thief!

To the Allopathic mind the growth of Homœopathy is simply a disagreeable fact, which is either ignored or denied. It expels, snubs and insults all who examine and believe. The study of Homœopathy is always discouraged, and sometimes absolutely prohibited. One college refuses to grant its diploma except to those who sign a pledge never to investigate it. Another threatens to recall its diploma from any one who adopts it; and yet many of these men are Homœopaths at heart and also in practice, so far as it can be concealed from the prying of their ignorant and intolerant brethren. There is also a large body of medical men in the Old Schools, educated, intelligent, respected, filling the high places and enjoying the honors and emoluments of the profession, from whom the world has a right to expect better things. It is the supposition of the public, of the students they teach, and especially of their patients; that these gentlemen have given Homœopathy the most thorough and scientific

investigation, and have pronounced conscientiously against its claims.

This is the theory, but the fact is quite different. Nine out of ten of these distinguished doctors know nothing whatever of Homœopathy, except what they may have gleaned from *ex parte* statements. But the great reading, thinking and progressive public does not share the opinion, the prejudice, the infatuations of these Allopathic physicians with respect to Homœopathy. It sees no humbug, or quackery, or imposture in it, and when appealed to is always determined to give us fair play, a full hearing and equal rights before the law.

Witness the vast strides which Homœopathy has made in the teeth of all opposition ; its 6,000 practitioners, and most of them graduates of the Old School ; its growing literature, its schools, hospitals, dispensaries and asylums, and its lay adherents numbered by the million.

Witness its representation on the National and State Medical Boards and in State Medical Universities.

Witness the conceded fact, that it is not the practice of the ignorant and incapable, or of the "fantastical" and hypochondriacal, but that it absorbs and holds the lion's share, in proportion to numbers, of the strong-minded, intelligent, traveled and cultured portion of society which recognizes and treats Homœopathic physicians as honorable and enlightened men and benefactors to humanity.

Whether our learned friend will admit it or not, the world does move.

On motion of H. J. Needham, M. D., the election of officers was made the special order for 11:30.

The Institute indorsed the paper of Dr. Breyfogle in full. The papers were referred to the Bureau of Publication.

The report on sanitary science was read.

W. T. Branstrup, M. D., of Vincennes, presented a paper, entitled, "Influence of Climate on Disease."

M. T. Runnels, M. D., read a paper entitled,

DRUGS VS. PUBLIC HEALTH.

So long as the people do not observe natural laws we shall have no abatement of nervous exhaustion and the increase of broken down constitutions. It is not difficult to see that there is, in preventive medicine, a vast unexplored region. Public hygiene is still in its infancy. Certain forces are at work producing sickness, and a vast amount of drugs are used to counteract the evil tendencies engendered without sufficient attention being given to the causes that have occasioned the sickness, and the removal of which will restore health with little or no medicine. It is necessary for us to know whether a certain disease is developed by inherited tendencies, or an invisible and undeniable miasm, or fermentation, or germs, or animalculæ, or whether what we call a disease is partly or wholly due to the long-continued abuse of drugs. Diseases, regarded as mysterious and past finding out, are frequently due to excessive medication and polypharmacy.

The Old School medicine of the past is not medicine properly so-called, but medico-chemistry, pure and simple. The chemists have led the way, and the doctors have followed without stopping to inquire how drugs act upon the healthy human organism, or to look for a natural law upon which all successful remedial treatment depends. The most violent drugs were never more used and abused than at the present time. Preparations of Arsenic, Nux vomica, Opium, Mercury, Belladonna, and all the most energetic alkaloids are in constant use by certain doctors, both in acute and chronic diseases. There is not a day in which an observing practitioner of medicine does not see patients compelled to submit to the most powerful medicine either in granules or in sugar-coated pills or fluid extracts or alkaloids or resinous or tinctures or powders composed of rarely less than from three to a dozen of the most deadly poisons. Allopathy abounds in classic literature on the history of medicine, ætiology, pathology, and diagnosis, but in therapeutics the wildest liberty of action is taught and practiced, and the maximum—seldom or never minimum—doses of the selected drugs are administered, regardless of physiology and hygiene. If the attending Allopath desires to give his patient rest from pain he never stops to inquire what remedy is best adapted to the case from the physiological standpoint of the therapist, but immediately gives his patient an anodyne and afterward writes his long prescription. To-day, as seen from the Allopathic literature, the subcutaneous injection of Morphine has become almost universal, and it is employed for complaints of the most trivial character. The immediate and remote dangers of extending this practice are great. There is apt to be a showing of diagnosis and a blind treatment of the most prominent symptoms. By such practice the common people are taught how to administer anodynes and resort to them in every painful emergency, no matter how much injury may be inflicted on the nerves and not stopping to inquire what the nature of the disease is or what ought to be done. The slovenly diagnosis and unscientific treatment of some physicians is largely resultant in his practice to hastily administer Morphine, Chloral hydrate, or some other sedative, and afterward prescribe large doses of Quinine and stimulants, before he has studied the minor symptoms in a case or examined carefully the patient's family and personal history. I claim that the increasing consumption of Opium, Chloral hydrate, Hashish, Alcohol, Tobacco, Tea, and Coffee, is due directly to the Old School doctor, whose practice has daily taught the use of anodynes for centuries. The routine practice of the so-called Regular physician of to-day injures by example and percept the public health to an alarming degree. The officinal and magisterial preparations of the chemists fill the shelves of the apothecaries, and by order of the Regular doctor are daily handed out in maximum doses to suffering and ignorant people, who succumb under their power. Druggists presume upon their meagre knowledge of medicine, gained by handling drugs and compounding the same prescriptions from day to day, and on the application of ignorant people, undertake to prescribe as sub-physicians for every ailment which human flesh is heir to. From the uncertainties of this shotgun practice great harm is done, and to the troubles the patient complains of, may be added those of drug-poisoning. The sale of patent medicines makes up at least 50 per cent. of the business and profit of every drug store, and competent authorities state that more secret remedies are prepared, sold and consumed in the United States than in any other country.

It treats upon the adulteration of drugs and foods, and the effect of these adulterations upon the public health. The doctor shows the tricks in the prescription business and the fraud practiced upon the public health by some druggists and doctors.

The election of officers then ensued :

President—Dr. C. S. Fahnestock, Laporte.

First Vice President—Dr. B. F. French, of Indianapolis.

Second Vice President—Dr. W. T. Branstrup, Vincennes.

Secretary—Dr. M. T. Runnels, of Indianapolis.

Treasurer—Dr. J. R. Haynes, of Indianapolis.

Censors—Drs. W. T. Breyfogle, Louisville; W. R. Elder, Terre Haute; C. T. Corliss, Indianapolis; F. I. Davis, Evansville; W. H. Thomas, Elkhart.

Delegates to the Western Academy of Homœopathy—Drs. W. R. Elder, Terre Haute; J. D. George, Franklin; T. C. Hunter, Wabash.

Delegates to the American Institute of Homœopathy, New York—Drs. J. M. Partridge, South Bend; George W. Bowen, Fort Wayne; W. P. Armstrong, Lafayette; W. T. Branstrup, Vincennes; J. R. Haynes, Indianapolis.

Delegate to the Ohio State Society—Dr. J. D. Grabill, Union City.

Delegate to the Illinois State Society—Dr. H. Obetz, Paris.

Delegate to the Michigan State Society—Dr. O. C. Link, Rensselaer.

Committee on Legislation—Drs. M. T. Runnels, B. F. French, J. A. Compton.

Committee on Arrangements—Drs. B. F. French, C. T. Corliss, J. R. Haynes, all of Indianapolis.

Chairman of Bureau of Epidemics—Dr. E. P. Jones, Marion.

Chairman of Bureau of Gynæcology—Dr. C. S. Fahnestock, Laporte.

Chairman of Bureau of Clinical and Psychological Medicine—Dr. T. C. Hunter, Wabash.

Chairman of Bureau of Diseases of Children—Dr. Zimri Hooket, Anderson.

Chairman of Bureau of Materia Medica—Dr. O. C. Link, Rensselaer.

Chairman of Bureau of Ophthalmology and Otology—Dr. W. P. Armstrong, Lafayette.

Chairman of Sanitary Science and Public Hygiene—Dr. M. T. Runnels, Indianapolis.

Chairman of Bureau of Surgery—H. L. Obetz, Paris.

Chairman of Bureau of Obstetrics—Dr. W. H. Thomas, Elkhart.

Chairman of Bureau of Proving—Dr. G. W. Bowen, Fort Wayne.

AFTERNOON SESSION.

Called to order at 2 o'clock by Dr. O. S. Runnels, President.

The report of the Bureau on Diseases of Children was then made by the Chairman, Dr. C. P. Baer, of Richmond.

A paper, entitled "Sequelæ of Scarlatina," was read by Dr. J. D. Grabill, of Union City.

Dr. J. M. Partridge presented the following resolution :

WHEREAS, The Indiana Institute of Homœopathy has always made the subject of sanitary science a prominent feature of its deliberations; and

WHEREAS, The Legislature has passed a bill authorizing the Governor to appoint a State Board of Health, consisting of four physicians; therefore,

Resolved, That this Institute respectfully requests of the Governor that he appoint two Homœopathic physicians on the aforesaid Board of Health.

A vote of thanks was tendered the daily press of the city for printing the proceedings of the Convention. Also to Dr. O. S. Runnels as president and Dr. B. F. French as Secretary for the very able manner in which they have discharged the various duties devolving upon them during the present year.

The Institute then adjourned.

Medical News.

Removal.—Juliet Caldwell, M. D., has removed to 414 Centre street, Chicago.

P. G. Denninger, M. D., has removed from Spring Valley to Fari-bault, Minn.

The New York Ophthalmic Hospital.—Report for the month ending May 31, 1881: Number of prescriptions, 3914; number of new patients, 593; number of patients resident in the hospital, 12; average daily attendance, 156; largest daily attendance, 218.

CHAS. DEADY, M. D., Resident Surgeon.

Homœopathic Hospital.—An association has been organized to establish a Homœopathic hospital in the District of Columbia which shall be National. The executive committee will be glad to receive any contributions through Hon. M. Blair, chairman, or C. B. Gilbert, M. D., corresponding secretary.

Board of Health Report.—The annual report of the Board of Health of Chicago shows that there were 10,462 deaths in that city during 1880, out of a population of 503,290. This shows a death rate of 20.79 per 1,000. This printed report of Chicago Board of Health will you please copy into THE INVESTIGATOR with a report of Homœopathic death loss and percentage in that report so we can see which pathy the death loss belongs to. I had but one death in my practice for year 1880. Two cases were changed into Allopathic hands and both died. Hooping cough is prevalent, measles, lung fever and diphtheria. I have one case of measles, a man over sixty years old and a case of hooping cough over seventy years now under treatment.

S. R. BREED.

Died.—Dr. C. W. Brantigam. At a meeting of the Medical Board of the Homœopathic Hospital, Ward's Island, held this evening, the following preamble and resolutions were adopted:

WHEREAS, It has pleased the Divine Creator to remove from our midst, at the very outset of his career and in the first flush of his youthful hopes of professional success, Dr. C. W. Brantigam, and in view of the fact that in the performance of his duty to the sick, afflicted with typhus fever, he fell a victim to that malignant disease, at the hospital, while in the active discharge of his duty as interne to that institution; therefore, be it

Resolved. That the Medical Board of the Homœopathic Hospital, Ward's Island, has learned with profound sorrow of the death of Dr. C. W. Brantigam.

Resolved. That it is a fitting occasion for the entire staff of the hospital to express its appreciation of the services of its interne; of his bravery, in the untiring attention to those suffering from the malignant disease from which he perished; and of the manliness and fortitude which, to the end of his life, he exhibited in the strict performance of his duty.

Resolved. That the sadness engendered by the death of one so young, must be combined with high admiration for the manner in which with "his harness on," and in the front of the battle, he was suddenly summoned to the presence of his Maker.

Resolved. That these expressions of our estimation of his life, his character, and his noble death be presented with the sincere sympathy of the Medical Board of the Hospital, to his bereaved family and friends, and be published in the medical journals of the country. [Attest.]

ALFRED K. HILLS, Sec'y.



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